

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

04 OCT 21 AM 11:48

DOCUMENT # P94000047825

**1. Corporation Name**

POOL & PATIO King Service INC

**2. Principal Office Address**

13605 S Dixie Hwy

Suite, Apt. #, etc.

Suite 434

City & State

Miami FL

Zip

33176

Country

DADE

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 03-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6-16-94

**5. FEI Number**

650580288

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

RON Amira

Street Address (P.O. Box Number is Not Acceptable)

13605 S Dixie Hwy

Suite, Apt. #, Etc.

Suite 434

City

Miami

State

FL

Zip Code

33176

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Date 10-20-04

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	RON Amira	13605 S Dixie Hwy Suite 434	Miami FL 33176

900042392039  
11/02/04--01016--006 \*\*908.75

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-04 305-663-7989  
Date Daytime Phone #