	PLEASE READ A	LL INSTR	UCTIONS BEI	FORE CO	OMPLETING	G THIS FORM	Λ.	
	LICATION	FLORIDA D	EPARTMENT O	FSTATE				·
FOR Secretary of State DIVISION OF COMPORATIONS					FILED			
D0500012042					04 MAY -6 PM 1:01			
5000IMEI (1 / /					= +			
D.V.D. POOL SERVICES OF BOCA RATON, INC.					SECRETARY OF STATE LIALLAHASSES. FLORIDA			
rincipal Place of Business Mailing Address								
14914 78TH PLACE N P.O. BOX 210831				I NORMONI NO NAME DANA BRAN BRAN BRAN BRAN HAND HAND HAND BRAN BRAN BRAN HAND				
	1EE FL 33470	us 100000	4433 ormation and enter corre	ection below.	06/19	0	28 632	150
If above addresses are incorrect in any way, fine through incorrect information and a New Principal Office Address, if Applicable 3. New Mailing Office Address				licable	4. Date Incorpor To Do Busine	rated or Qualified ess in Florida	02/07/1995	
Suite, Apt. #, etc. Suite, Apt. #,			etc.		5. FEI Number	65-0552111	Applied F	
City & State					-6		\$8.75 Additional Fee	required
Zip Country Zip			Country		CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
7 Names	and Street Addresses of Each Officer an	d/or Director (Flor	ida nonprofit corporation	ns must list at le	east 3 directors)			
Title(s)	Name of Officers Title(s) and/or Directors		Officer and/or Director			LOXAHATCHEE FL 33470		
<u> 1</u>	DION, PATRICK		14914 78TH PLAC	EN		LUXARATORILL		
					90,	 003Q13	3169 74 ***\50.00	
					05/06/	1)4010610a	24 **130.00	
					9 0 03/09/	04010670	3169 28 **750.00	
							_	
8. Name and Address of Current Registered Agent					02-	ol -		
					9. Name and Address of New Registered Agent			
DION, PATRICK 14914 78TH PLACE N					Street Address (P.O. Box Number is Not Acceptable)			
LOXCHATCHEE-FL-33970-					Suite, Apt. #, Etc.			
				City			State Zip Code	
ĭ				<u> </u>		N SOTOEDE ES O	617.0505, E.S.	1

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

UBE REQUIRED

Date 3-3-04

REGISTERED AGENT MUST SIGN

11. 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:

GNATURE AND TYPES OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-04

Date Daytime Phone #