

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000005117

Entity Name: FLORIDA POOL ENCLOSURES, INC.

FILED
Oct 06, 2005
Secretary of State

Current Principal Place of Business:

929 HICKORY STREET
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 521136
LONGWOOD, FL 32752 US

New Mailing Address:

FEI Number: 59-3420005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELAHOZ, MIKE
1761 STANLEY
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL A. DELAHOZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: DELAHOZ, NYDIA
Address: 395 BERNARD STREET
City-St-Zip: LONGWOOD, FL 32750

Title: P () Delete
Name: DELAHOZ, MIKE
Address: 1761 STANLEY
City-St-Zip: LONGWOOD, FL 32750

Title: VP () Delete
Name: DELAHOZ, MIGUEL
Address: 395 BERNARD STREET
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. DELAHOZ

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10/06/2005

Electronic Signature of Signing Officer or Director

Date