## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE STORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		10 MAY 27 PM 2: 59  SECREMATY OF STATE FALLAHASSEE FLORIDA			
DOCUMENT # \$\int \text{9700069448} \\ \text{1. Corporation Name}						
Russell's Pool Servic	e and Rep	air, Inc.		(i)	M-10	
2. Principal Office Address - No P.O. Box # 3. Mailing Of 2551 N.W., 15 <sup>th</sup> St.				INSTATE M		
Suite, Apt. #, etc. Suite, Apt. #,			Date Incorporated or Qualified     To Do Business in Florida     1997			
City & State City & State			5. FEI Number			
zip country 333311 <b>含USA</b>	Zιp	Country	6	S8.75 Addit	onal Fee required ficate of Status	
7. Name and Address of Current Registered Agent			F	ROFIT CORPORATIONS ONLY		
Anthony Russell Street Address (P.O. Box Number is Not Acceptable	Je.		☐ The \$60 except	00.00 reinstatement fee is in in circumstances which the eleve the prior notices. By ch	entity did	
255   D.W. 15 th Stv.		this bo: notices	x, you are certifying the p s were not received and re	prior		
City State Zig Ff. Lauderdale FL 33			the reii	nstatement fee be waived.		
8. I, being appointed the registered agent of the abo	eve named corporation, am	familiar with and accept the of	bligations of section	on 607.0505 or 617 0503, F.S.		
Signature of Registered Agent Registered Agent MUST SIGN				Date <u>5/23/</u>	10	
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 Anthony Russell JR		2551 NW. 15th Street		Ft. Landerdale,	333 <sub>l</sub>	
Pres Anthony Russell JR V. Pres George Jackson		2551 NW. 15th str 409 N.W. 10th st		neet Itallandale F/a 33009		
•		·	05/27.	/1001003005 **2	58.75	
		•	~~9Ö <del> 05/27/</del>	Ö1Šĭ437779 <del> O01003004 **</del> 5	<del>)</del> <del>00.00</del>	
		<del></del>			·····	
10. E-mail Address: ARUSSE 9392 & ACL. COM (To be used for future annual report notification)						
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 filling 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 faild. I further certify, 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 Date Daytime Phone #						