

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000082024

**FILED**  
**Oct 29, 2010**  
**Secretary of State**

**Entity Name:** ACCURATE POOL PLASTERING, INC.

**Current Principal Place of Business:**

190 HUBER DR  
FT. PIERCE, FL 34946

**New Principal Place of Business:**

**Current Mailing Address:**

190 HUBER DRIVE  
FT. PIERCE, FL 34946

**New Mailing Address:**

**FEI Number:** 65-0783669

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALKER, JAMES A  
190 HUBER DR  
FT PIERCE, FL 34946 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: X

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WALKER, JAMES A  
Address: 190 HUBER DR  
City-St-Zip: FT PIERCE, FL 34946

Title: VP  
Name: WALKER, SUSAN L  
Address: 190 HUBER DR  
City-St-Zip: FT PIERCE, FL 34946

Title: OFF  
Name: RING, RYAN M  
Address: 222 JULIAN DR  
City-St-Zip: FT. PIERCE, FL 34946

I hereby 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 all other like empowered.

SIGNATURE: X

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

10/29/2010

\_\_\_\_\_  
Date