

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/12

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Kenneth Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 OCT 23 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000057659

1. Corporation Name

POOL PRO LEAK DETECTORS, INC.

Principal Place of Business

Mailing Address

8304 S.W. 206 TERR.
MIAMI FL 33189

8304 S.W. 206 TERR.
MIAMI FL 33189



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/26/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0841263

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SUAREZ, IVAN	8304 S.W. 206 TERR.	MIAMI FL 33189
D	RODRIGUEZ, ALFREDO	2640 S.W. 92 PLACE	MIAMI FL 33165 Delete
			LS
			5/2/00 901168/025 \$150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUAREZ, SONNIA
8304 S.W. 206 TERR.
MIAMI FL 33189

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of Registered Agent

Sonia Suarez
REGISTERED AGENT MUST SIGN

Date

10/16/00

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:

Ivan Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/00

Daytime Phone #

305233-1020

CR2E040 (8/00)

POOL PRO LEAK DETECTORS, INC
P.O. BOX 971548
MIAMI, FLORIDA 33197
(305) 233-1020
Fax: (305) 278-8025

2002

October 17, 2000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Document # P98000057659

To whom it May Concern:

I spoke to your office regarding a reinstatement notice that we received. I explained to the gentleman that we received two letters stating that the person who signed the document was not a registered agent. I explained to him that it was signed by myself (Sonnia Suarez) and I am the registered agent. He asked that I write in and explain to you that the document was filed and that the check that we sent was cashed. Also we need to delete Alfredo Rodriguez from this corporation he is no longer a part of the Corporation and no longer works with this company.

If you have any questions, please do not hesitate to contact us.

Thanking you in advance for your prompt attention to this matter, I remain

Sincerely,



Sonnia Suarez
Secretary