PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000030194

1. Corporation Name
ELASTOPOOL WATERPROOFING U.S.A., CORP.

REINSTATEMENT 09-11

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
42202 FISHER ISLAND DR	42202 FISHER ISLAND DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FISHER ISLAND, FL	City & State: FISHER ISLAND, FL
Zip: 33109 Country: USA	Zip: 33109 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/01/1999

5. FEI Number: 65-0907532 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CEDRIK DENAIN

Street Address (P.O. Box Number is Not Acceptable): 42202 FISHER ISLAND DR

Suite, Apt. #, Etc.:

City: FISHER ISLAND | State: FL | Zip Code: 33109

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 7-29-2011

REGISTERED AGENT MUST SIGN

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

Title*	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CEDRIK DENAIN	42202 FISHER ISLAND DR	FISHER ISLAND, FL 33109

10. E-mail Address: CED130364@AOL.COM
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 7-29-2011

* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
ELASTOPOOL WATERPROOFING U.S.A., CORP.

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