PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION: FOR • REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

P99000046796 DOCUMENT

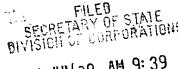
1. Corporation Name

ELEMAR POOLS & SPA, INC.

Principal Place of Business

Mailing Address

SIGNATURE:



01 JUN 29 AM 9:39

20012 N.W. 57TH PLACE 20012 N.W. 5 HIALEAH FL 33015 HIALEAH FL				-					
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili				nformation and enter correction below, ng Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 05/24/1999 -5. FEI Number Applied For			
Suite, Apt. #, etc.			Suite, Apt. #, etc.						
City & State			City & State			30.65-0924140 Not Applicable			
Zip	Zip Country		Zip Country		Country	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s)	Name of Officers and/or Directors			3	Street Address of Each Officer and/or Director		City / State / Zip		
PD	ESPINOSA, MARTIN SR.			20012 N.W. 57TH PLACE			HIALEAH FL 33015		
VD	ESPINOSA, MARTIN JR.			20012 N.W. 57TH PLACE			HIALEAH FL 33015		
					,	11	00044720 -07/13/01010 ****900.00	1414 312-001 ****900.00	
REASIAL ENTOO-OF TO									
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
ESPINOSA, MARTIN SR. 20012 N.W. 57TH PLACE					Name Street Address (F	Name Street Address (P.O. Box Number is Not Acceptable)			
HIALEAH FL 33015				Suite, Apt. #, Etc.					
10. I, being appointed the registered agent of the above named corporation, am famili					City	FL			
Signature o	of D	atur		0	OWED.	bligations of Sect	ion 607.0505, F.S. Date <u>05/02/5</u>	700/	
							apter 607 or 617, F.S. I further ce		

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.