

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 24 AM 8:23

DOCUMENT # P99000059700
1. Corporation Name Caribbean Pool Service, Inc

REINSTATEMENT

04-06

CR2E081 (12/05)

2. Principal Office Address
4513 SW 22 st
Suite, Apt. #, etc.
City & State
Fort Lauderdale FL
Zip Country
33317 U.S.A

3. Mailing Office Address
4513 SW 22 st
Suite, Apt. #, etc.
City & State
Fort Lauderdale FL
Zip Country
33317 U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida July 1, 1999

5. FEI Number
65-0931301

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

7. Name and Address of Current Registered Agent

Name
Pablo Valderramos, C.
Street Address (P.O. Box Number is Not Acceptable)
4513 SW 22 st
Suite, Apt. #, Etc.
City
Fort Lauderdale

State Zip Code
FL 33317

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

REGISTERED AGENT MUST SIGN

Date

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
P	Pablo Valderramos, C.	4513 SW 22 st	Fort Lauderdale FL 33317
V	Sergiu Valderramos	4513 SW 22 st	Fort Lauderdale FL 33317

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04/04/06--01055--013 **450.00

10. 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 contained in Chapter 119, 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:

Pablo Valderramos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06 954 585 8652
Date Daytime Phone #

954-585 8652

3/30
aw

I have not recieved any payments for three years
I think that you guys were sending it to the
wrong address.

2/2

Thank you