

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV -6 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P99000082849

1. Corporation Name

CAISER POOL PLASTERING, INC.

2. Principal Office Address

8878 N.W. 119TH STREET

3. Mailing Office Address

P.O. BOX 770787

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH GARDENS, FL

City & State

MIAMI, FL

Zip

33012

Country

U.S.A.

Zip

33177

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3611435

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 03

**7. Name and Address of Current Registered Agent**

Name

SANTIAGO DIEZ, P.A.

500024474935

11/06/03--01013--025 \*\*70.00

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

80 SW 8 STREET

Suite, Apt. #, Etc.

SUITE 2510

City

MIAMI

State

FL

Zip Code

33130

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

11-03-2003

REGISTERED AGENT MUST SIGN

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip        |
|--------|--------------------------------------|---|---------------------------|
| PSD    | CARLOS ISER                          | 8878 N.W. 119TH STREET                            | HIALEAH GARDENS, FL 33012 |
|        |                                      |   |                           |
|        |                                      |   |                           |
|        |                                      |   |                           |
|        |                                      |   |                           |
|        |                                      |   |                           |

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS ISER

11/03/2003 (305) 256-9494

Date

Daytime Phone #

CR2E081 (10/02)