

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 27 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V08371

1. Corporation Name

POOL-X-PERT'S, INC

REINSTATEMENT 03-04

2. Principal Office Address

4060 NE 3 AVE

3. Mailing Office Address

P.O. BOX 4101

Suite, Apt. #, etc.

POMPANO BCH, FLA

Suite, Apt. #, etc.

DEERFIELD BCH,

City & State

City & State

FLA

Zip

33064

Country

USA

Zip

33442

Country

USA

700028789197

02/16/04--01025--017 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

1992

5. FEI Number

650307344

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

MICHAEL E. LACHANCE

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

4060 NE 3 AVE

Suite, Apt. #, Etc.

City

POMPANO BCH,

State

FL

Zip Code

33064

700028789197

03/03/04--01013--007 **150.00

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

Michael E. Lachance
REGISTERED AGENT MUST SIGN

Date

12-02-03

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
PRES	MICHAEL LACHANCE	4060 NE 3 AVE	POMPANO, FL 33064

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)(l), 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:

Michael E. Lachance
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-914-4808

Daytime Phone #

CR2E081 (10/02)

Pool-X-Perts, Inc.

PO Box 4101
Deerfield Beach FL 33441
INSURED - STATE CERTIFIED CPC023592

Telephone: 754-235-1827
FAX: 954-341-2038

December 15, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Re: Corporation Reinstatement

To Whom It May Concern:

Enclosed please find the corporate reinstatement application including a check for \$150.00. We did not receive the annual renewal paperwork and thus are filing for reinstatement.

Sincerely,



Michael Lachance
President
Pool-X-Perts, Inc.