## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000071472

Entity Name: O2 POOL SERVICE & REPAIR, INC

FILED Nov 20, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

6000 PALM TRACE LANDING DR 20803 NW ,1 ST

#301 BLDG 13 PEMBROKÉ PINES, FL 33029 **DAVIE, FL 33314** 

**Current Mailing Address: New Mailing Address:** 

6000 PALM TRACE LANDING DR 14359 MIRAMAR PRWKY #301 BLDG 13

**DAVIE, FL 33314** MIRAMAR, FL 33027

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ESCALONA, OSCAR ESCALONA, OSCAR 6000 PALM TRACE LANDING DR

20803 NW , 1 ST PEMBROKE PINES, FL 33029 #301 BLDG 13 US DAVIE, FL 33314 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: OSCAR ESCALONA 11/20/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Address:

() Delete Title: (X) Change ( ) Addition

Title: ESCALONA, OSCAE ESCALONA, OSCAR E Name: Name: 6000 PALM TRACE LANDING DR-#301 BLDG 13 Address: 20803 NW , 1 ST

City-St-Zip: **DAVIE, FL 33314** City-St-Zip: PEMBROKE PINES, FL 333029

( ) Delete Title: VPD Title: () Change () Addition

YANEZ, OSWALDO Name: Name: 6000 PALM TRACE LANDING DR-#301 BLDG 13 Address: Address: **DAVIE, FL 33314** City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR ESCALONA PD 11/20/2008