


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000136522		
1. Entity Name STEVE'S POOLS & PATIOS, INC.		

FILED

09 MAR 18 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 193 DAKOTA AVENUE GROVELAND, FL 34736	Mailing Address 193 DAKOTA AVENUE GROVELAND, FL 34736
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2. Principal Place of Business - No P.O. Box # 1550 Saras Ave.	3. Mailing Address 1550 Saras Ave.
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City & State Groveland FL	City & State Groveland FL
Zip 34736	Zip 34736
Country USA	Country USA

REINSTATEMENT 08-09

6. Name and Address of Current Registered Agent STURGILL, STEVEN M 193 DAKOTA AVENUE GROVELAND, FL 34736		7. Name and Address of New Registered Agent Name: Sturgill, Steven M Street Address (P.O. Box Number is Not Acceptable): 1550 Saras Ave. City: Groveland FL Zip Code: 34736	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Steve M. Sturgill DATE: 12-30-08

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD STURGILL, STEVEN M 193 DAKOTA AVENUE GROVELAND, FL 34736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD Sturgill, Steven M 1550 Saras Ave Groveland FL 34736 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD STURGILL, TRACY D 193 DAKOTA AVENUE GROVELAND, FL 34736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD Sturgill, Tracy D 1550 Saras Ave. Groveland FL 34736 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500140445695 01/13/09--01006--019 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500140445695 03/19/09--01018--018 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steve M. Sturgill DATE: 12-30-08 DAYTIME PHONE #: 407-579-3928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR