## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT					DEPARTMENT OF ecretary of State		STATE		<b>ា</b> េ	FEB -9 AH 8:50							
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DOCUMENT # 69600032314											SE TA:	ECRI LLA!	TABY UF HASSEE F	STATE			
1. Corpora		<i>n</i> - 1		, , , ,		`											
COLBURY POOLS INC																	
										PEI	NS.	1		ENT	0	3-04	
2. Principal Office Address 2824 W Dunnellon Rd					3. Mailing 0	m Rd	02 <i>i</i>	600 /09/0	]() )4	284 <b>1</b> 01057	. <b>421</b> 002 **	. 6 *900.	.00				
Suite, Apt. #, etc.					Suite, Apt. #, etc.					4. Date in	corporat	ed or 6	Qualified	مما	- 1.0	01	
City & State					City & State	City & State						4. Date Incorporated or Qualified To Do Business in Florida 04 08 11996					
Dunnellon FLORIDA					DUNNELLON FLORIDA					5. FEI Number   Applied For   Not Applied For							
Zip 34	34433 Country USA				34433 Country U.S. A					CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee requirements for a Certificate of Status							
					7. 1	lame and /	Address	s of Curre	nt Register	ed Agent							
	Name Walter E. CLAWSON																
-	Street Address (P.O. Box Number is Not Acceptable)											,					
	Suite, Apt.		_ •	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>												
	City HERNANDO								······································	•		tate	Zip Code	 }-2_			
8. I, being	appointed the	e registere	ed agen	t of the abo	ve named corpo	oration, am	familiar	with and a	ccept the o	oligations of s	section 6	07.050	5 or 617.0503,	F,S.		(10/02)	
Signature of Registered Agent (Malls) E Rose									Date 01/30/04						CRZE081 (10/02)		
-	,					ENT MUST						_				5	
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations     Name of Street Addresses									ress of Eact		s)						
Titles	Officers and/or Directors					Officer and/or Director											
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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: Walk E Can Se 01/30/04 352 465 3611												110					
ı	Ś	IGNATURE	E AND T	YPED OR PR	INTEĎ NAME OF	SIGNING OF	FICER (	OR DIRECT	OR		Da	ate		Daytime Pho	ne#		