PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 PM 5:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA
REINSTATEMENT 03

DOCUMENT # P02000089212

1. Corporation Name

AQUA KING POOL SERVICE, INC.

Principal Place of Business	Mailing Address
3909 NORTH A STREET TAMPA FL 33609	3909 NORTH A STREET TAMPA FL 33609

700024196727
10/28/03--01018--021 **150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/15/2002

5. FEI Number: 13-4215197 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	COLLINS, CHRISTIN	3909 NORTH A STREET	TAMPA FL 33609

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
COLLINS, CHRISTIN 3909 NORTH A STREET TAMPA FL 33609	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED CHRISTIN Collins 10/5/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Aqua King Pool Service, Inc.
3909 North A Street
Tampa, Fl 33609

October 20, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314-6327

RE: Document # P02000089212

Dear Sir/Madam:

Pursuant to our telephone conversation enclosed find the Uniform Business Report for the above mentioned. Since I never received a report until the one I am submitting I am enclosing the original payment of $150.00.

If I may be of further assistance, please notify me.

Sincerely,

Christin Collins
President