

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 APR -3 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 770743

1. Corporation Name

United Pool & Spa Association

REINSTATEMENT 99-02

2. Principal Office Address

8130 Baymeadows

Suite, Apt. #, etc.

City, W. Ste. 212

City & State

Jacksonville, FL

Zip

32256

Country

USA

3. Mailing Office Address

8130 Baymeadows

Suite, Apt. #, etc.

City, W. Ste. 212

City & State

Jacksonville, FL

Zip

32256

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2452037

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

02-23-99 90003 030 \$61.25

7. Name and Address of Current Registered Agent

Name

PAUL L. SUTHERLAND

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

8130 BAYMEADOW CIR W.

Suite, Apt. #, Etc.

Suite 212

City

JACKSONVILLE

100005289511--6

-04/17/02--01047--008

\*\*\*358.75 \*\*\*358.75

100005289511--6

-04/17/02--01047--008

\*\*\*358.75 \*\*\*358.75

State  
FL

Zip  
32256

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

PAUL L. SUTHERLAND  
REGISTERED AGENT MUST SIGN

Date 3-29-02

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.	Rudasill, Chris	1821 So. Orange Blossom Trail	Apopka, FL
V.P.	Collins, Gardner	7700 Cleveland Str. Ste. 900	Clearwater, FL
C.T.	Paul Sutherland	8130 Baymeadows C.W.	Jacksonville, FL
D	Carl Fairies	2230 Eugenia Ct.	Oviedo, FL
D	Ken Martin	15210 Vivola Pl	Montverde, FL
D	Bill Parry	6271 27 St. Augustine Rd	Jacksonville, FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL L. SUTHERLAND

Date

3-29-02

Daytime Phone #

904

353-4403

CR2E081 (9/01)