

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 31 PM 5:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000002990

1. Corporation Name

Leslie's Podmart, Inc

2. Principal Office Address

3925 E Broadway Rd

Suite, Apt. #, etc.

100

City & State

Phoenix AZ

Zip

85040

Country

USA

3. Mailing Office Address

3925 E Broadway Rd

Suite, Apt. #, etc.

100

City & State

Phoenix AZ

Zip

85040

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

June 27, 1997

5. FEI Number

95 4620298

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays St

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Cynthia L. Harris

Cynthia L. Harris
as its agent

Date

12/31/03

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
see attached			

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:

Donald J. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/03

Daytime Phone #

(602) 366 3999

CR2E081 (10/02)

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Leslie's Poolmart, Inc
Directors and Officers
December 22, 2002

2 of 3

For all Directors and Officers, the business and residence address is the same
Citing privacy issues, we are unable to provide residence addresses

Chairman of the Board
Chief Executive Officer, President & Director

✓ Lawrence H. Hayward
3925 E. Broadway Rd., Suite 100
Phoenix, AZ 85040

Director
Executive Vice President & Chief Financial Officer

✓ Donald J. Anderson
3925 E. Broadway Rd., Suite 100
Phoenix, AZ 85040

Director

John M. Baumer
3925 E. Broadway Rd., Suite 100
Phoenix, AZ 85040

Director

John G. Danhaki
3925 E. Broadway Rd., Suite 100
Phoenix, AZ 85040

Director

✓ Michael J. Fourticq
3925 E. Broadway Rd., Suite 100
Phoenix, AZ 85040

Vice President, Logistics

Rick D. Carlson
3925 E. Broadway Rd., Suite 100
Phoenix, AZ 85040

Senior Vice President, Merchandising & Marketing

✓ Michael L. Hatch
3925 E. Broadway Rd., Suite 100
Phoenix, AZ 85040

Senior Vice President, Store Operations

Marv Schutz
3925 E. Broadway Rd., Suite 100
Phoenix, AZ 85040

3053



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 377132 4708919

AUTHORIZATION : *Patricia Pajito*

COST LIMIT : \$ 750.00

ORDER DATE : December 29, 2003

ORDER TIME : 2:23 PM

ORDER NO. : 377132-005

CUSTOMER NO: 4708919

CUSTOMER: Greg Robinson
Leslie's Poolmart
3925 East Broadway Road
#100
Phoenix, AZ 85040

RECEIVED
03 DEC 31 PM 4:22
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: LESLIE'S POOLMART, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan EXT. 2955

EXAMINER'S INITIALS _____