

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 26 PM 1:42

DOCUMENT # **K09849**

1. Corporation Name

YH POOL CREATIONS INC.

2. Principal Office Address

4500 SHANNON LAKES WEST

3. Mailing Office Address

JANE

Suite, Apt. #, etc.

UNIT #17

Suite, Apt. #, etc.

City & State

TALLAHASSEE

City & State

Zip

32309

Country

USA

Zip

Country

REINSTATEMENT 00-07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2866439

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

JOHN M. HARRIGAN

800010134268

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

2613 OXBOTTOM ROAD

01/15/03--01069--022 **458.75

Suite, Apt. #, Etc.

800010134268

01/15/03--01069--023 **600.00

City

TALLAHASSEE

State

FL

Zip Code

32312

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/26/02

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.	HARRIGAN, JIM	6520 SPICELAND DR.	TALLAHASSEE, FLA
VP.	HARRIGAN, CARLE	2613 OXBOTTOM ROAD	TALLAHASSEE, FLA.
SEC.	HARRIGAN, JOHN	2613 OXBOTTOM ROAD	TALLAHASSEE, FLA.

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/26/02

Daytime Phone #

CR2E081 (9/01)