
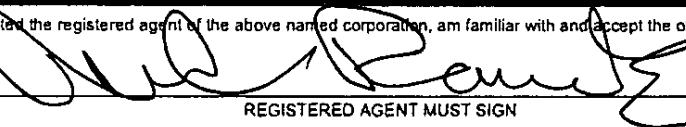
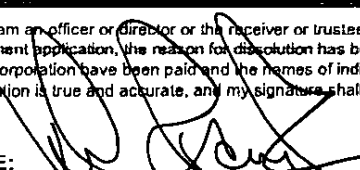


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 FEB -6 PM 2:27	
DOCUMENT # K19260					
1. Corporation Name H+H Pool SERVICES, INC					
2. Principal Office Address - No P.O. Box # 4525 30TH ST. W.			3. Mailing Office Address SAME		
Suite, Apt. #, etc. F1			Suite, Apt. #, etc. SAME		
City & State BRADENTON F			City & State SAME		
Zip 34207	Country MANATEE	Zip SAME	Country	4. Date Incorporated or Qualified To Do Business in Florida	
7. Name and Address of Current Registered Agent				5. FEI Number 65-0039424 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Name MARK HAMERSLY				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$675 Additional Fee required for a Certificate of Status	
Street Address (P.O. Box Number is Not Acceptable) 5208 1ST AVE DR. N.W.				<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
Suite, Apt. #, Etc.					
City BRADENTON	State FL	Zip Code 34209			
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  Date _____ REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PRES.	MARK HAMERSLY	5208 1ST AVE DR. N.W.		BRADENTON FL 34209	
SECT. TREAS.	JOAN HAMERSLY	5424 4TH ST. CT. E.		BRADENTON FL 34203	
B 2/6/08					
REINSTATEMENT 06-08					
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 contained in Chapter 119, 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:  MARK HAMERSLY 1/29/08 941-773-6930 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					