

APPROVED  
AND  
FILED

2001-2003 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 APR -8 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC  
CORPORATION  
REINSTATEMENT  
LLC



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L00000014391

1. Corporation Name

Olympian Pool Services, L.C.

2. Principal Office Address

900 Central Park Drive

Suite, Apt. #, etc.

City & State

Sanford, Florida

Zip

32771

Country

USA

3. Mailing Office Address

900 Central Park Drive

Suite, Apt. #, etc.

City & State

Sanford, Florida

Zip

32771

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/00

5. FEI Number

☒ 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

Philip F. Keidaish, Jr.

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

505 Wekiva Springs Road

Suite, Apt. #, Etc.

800

City

Longwood

State

FL

Zip Code

32779

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]*

Date 1/30/03

REGISTERED AGENT MUST SIGN

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
MGR	Kacic, Scott	900 Central Park Drive	Sanford, Florida 32772
MGR	Mitchell, Steve	900 Central Park Drive	Sanford, Florida 32772

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]*

Scott Kacic, Managing Memt 1/30/03

(407) 323-2070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20081 (10/02)