

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

01 APR 30 PM 4:04

DOCUMENT #

L00162

1. Corporation Name

Klearwater Pools & Spas, Inc.

2. Principal Office Address

10493 Steven Drive

Suite, Apt. #, etc.

City & State

Polk City, Florida

Zip

33868

Country

USA

3. Mailing Office Address

10493 Steven Drive

Suite, Apt. #, etc.

City & State

Polk City, Florida

Zip

33868

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-6-89

5. FEI Number

65-0140594

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

Kevin Mathern

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

10493 Steven Drive

Suite, Apt. #, Etc.

City

Polk City, FL

State

FL

Zip Code

33868

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

K. Mathern

REGISTERED AGENT MUST SIGN

Date

4-23-01

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.	Kevin L. Mathern	10493 Steven Dr	Polk City, FL 33868
V.P.	Kevin L. Mathern	SAME	Same
Sec.	Susan Mathern	10493 Steven Dr	Polk City, FL 33868
Tres.	Susan Mathern	SAME	Same

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:

K. Mathern

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-23-01 863 984 0092

Daytime Phone #

CR2E081 (9/00)

April 23, 2001

Klearwater Pools & Spas, Inc.
10493 Steven Dr
Polk City, FL 33868

Florida Department of State
Division of corporations
PO Box 6327
Tallahassee, FL 32314

RE: Corporation Reinstatement

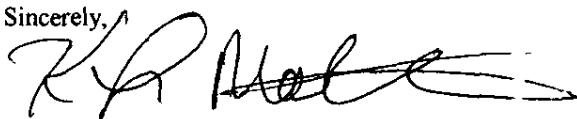
I never received the Corporate Status report last year as it was probably sent to my previous attorney who no longer represents me or handles any of my business affairs. I called and requested the forms that I needed. I completed and submitted the form with a check for \$150.00 on April 25, 2000. The check was never cashed. I did not realize the Corporation had been dissolved until I did not receive a status report this year.

Please reinstate my corporation and waive the reinstatement fee, as this was a one-time oversight on my behalf. I am including a check for last year and this year in the amount of \$308.75 to include a Certificate of Status.

Please note the changes I have made on the reinstatement form removing Neal Litman from any further correspondence.

Please correct the Corporations address and send any further correspondence to the above address.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kevin Mathern', with a stylized flourish at the end.

Kevin Mathern, President
Klearwater Pools & Spas, Inc.