PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 0010 LWBR

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	3. Mailing Office Address
10493 Steven Drive	10493 Steven Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Polk City, Florida	City & State: Polk City, Florida
Zip: 33868 Country: USA	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

500004216945--3
-05/15/01--01057--009
****308.75 ****308.75

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 R Mathern
REGISTERED AGENT MUST SIGN

Date: 4-23-01

CR2E081 (9/00)

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

KR 5/10

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 R Mathern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01
Date

863 984 0092
Daytime Phone #

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,

Kevin Mathern, President
Klearwater Pools & Spas, Inc.