01/19/2004 14:42 2394030711 LAW OFFICES PAGE 03/04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 JAN 23 PM 1:35

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000030320

1. Limited Liability Company's Name
Nassau Pools Construction of Charlotte County, LLC.

2. Principal Office Address	3. Mailing Office Address
3420 Westview Drive	3420 Westview Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, Florida	City & State: Naples, Florida
Zip: 34104 Country: USA	Zip: 34104 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 11/13/2002

6. FEI Number: 43-1983751 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Thomas L. Threlkeld

Street Address (P.O. Box Number is Not Acceptable): 3420 Westview Drive

Suite, Apt. #, Etc.:

City: Naples State: FL Zip Code: 34104

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Thomas L Threlkeld Date: 1/20/04
REGISTERED AGENT MUST SIGN

CR2E011 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
Mgrm	Thomas L. Threlkeld	3420 Westview Drive	Naples, Florida 34104
Mgrm	Parris Guite	3740 27th Avenue SW	Naples, Florida 34104
	REINSTATEMENT		200027521762 01/23/04--01053--010 **200.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Thomas L Threlkeld Date: 1/20/04 Daytime Phone # 239643-0990

Typed or printed name of signing Managing Member/Manager: Thomas L. Threlkeld

NASSAU POOLS CONSTRUCTION INC.
State Certified Commercial Pool Contractor #CPC 026492
1801 Commercial Drive
Naples, Florida 34112

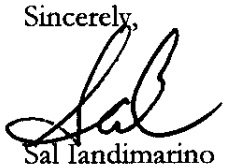
January 20, 2004

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

Please find the completed and executed Reinstatement of Registration as well as $200 check for fees thereof. Would you please reinstate the company at your earliest convenience? Thank you for your time and consideration.

Sincerely,



Sal Iandimarino
Nassau Pools

PHONE: (239) 775-5963
FAX: (239) 775-5408