

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L03000021047**

1. Limited Liability Company's Name

4EVER CLEAR POOLS, LLC

2. Principal Office Address - No P.O. Box #

2510 SW 66th Avenue

Suite, Apt. #, etc.

City & State

Miramar, Florida

Zip

33023

Country

3. Mailing Office Address

2510 SW 66th Avenue

Suite, Apt. #, etc.

City & State

Miramar, Florida

Zip

33023

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

06/11/2003

6. FEI Number

13-4255194

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

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22nd Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

☒ A \$100 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 \$100 reinstatement be waived.

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.

SPIEGEL & UTRERA, P.A.

Signature of  
Registered Agent

By:

Natalia Utrera, Vice-President

REGISTERED AGENT MUST SIGN

Date

7-23-08

**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
MGR	Lopez, Christopher W.	2510 SW 66th Avenue	Miramar, Florida 33023

**REINSTATEMENT 2004-2008**

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

Date

7-23-08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Christopher W. Lopez