

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 OCT 15 P 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L03-24453**

1. Corporation Name

: Pool Appeal, LLC

6660 Time Square Avenue

2. Principal Office Address

6660 Time Square Avenue

Suite, Apt. #, etc.

Suite 105

City & State

Orlando, FL

Zip

32835

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

30 June, 2003

5. FEI Number

03-0531416

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

Dennis R. Loy

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

6660 Time Square Avenue

Suite, Apt. #, Etc.

Suite 105

City

Orlando

State
FL

Zip Code
32835

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

Dennis R. Loy

REGISTERED AGENT MUST SIGN

Date 10/14/04

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
MM	Dennis R. Loy	6660 Time Square Ave., Suite 105	Orlando, FL 32835
MM	John W. Jacobs	1343 Tierra Circle	Winter Park, FL 32792

200041908622
10/19/04--01098--003 **150.00

REINSTATEMENT

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/04

Date

407-313-9192

Daytime Phone #

CR2E081 (01/04)

October 14, 2004

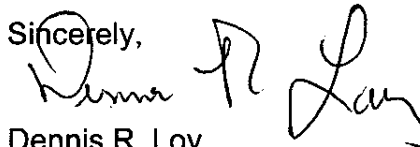
Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir/Madam,

Due to the disruptions caused during this past hurricane season we were unable to submit the corporate renewal/reinstatement notices for 2004 within the appropriate time frame. Enclosed you will find a completed Corporate Reinstatement form and check for the amount of \$150.00 for Pool Appeal, LLC. The telephone message currently employed by your offices indicates the penalty fees will not be assessed for business entities negatively impacted by a hurricane. As you are aware, three hurricanes, namely Charley, Frances, and Jeanne, hit the Central Florida area and greatly impacted our small business processes.

Thank you for allowing businesses such as ours to get back on track without being unduly penalized for what will no doubt be an historical hurricane season.

Sincerely,

A handwritten signature in black ink, appearing to read "Dennis R. Loy", is written over the typed name.

Dennis R. Loy
Managing Member
407-313-9192