PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JAN 25 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000050864

CR2E041 (11/09)

1. Limited Liability Company's Name
SWIMAMERICA of Gainesville, LLC

2. Principal Office Address - No P.O. Box #
4330 SW 83RD Way
Suite, Apt. #, etc.
City & State
Gainesville, FL
Zip 32608 Country ALACHUA

3. Mailing Office Address
SAME
Suite, Apt. #, etc.
City & State
/
Zip Country

4. State/Country of Formation
FL USA
5. Date Organized or Qualified To Do Business in Florida 9-16-05
6. FEI Number 20-0469415 ☐ 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: KATHLEEN M TROY
Street Address (P.O. Box Number is Not Acceptable): 4330 SW 83RD WAY
Suite, Apt. #, Etc.
City: Gainesville State: FL Zip Code: 32608

☑ 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.
Signature of Registered Agent: ✓ Kathleen M Troy Date: 1-13-10
REGISTERED AGENT MUST SIGN

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	KATHLEEN M TROY	4330 SW 83RD WAY	Gainesville FL 32608
		L. SELLERS	
		JAN 26 2010	200166942652 01/22/10--01016--011 **832.50
		EXAMINER	
REINSTATEMENT		05-2010	

11. E-mail Address: _____
(To be used for future annual report notifications)

12. 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: ✓ Kathleen Troy Date: ✓ Daytime Phone #: ✓ 1-13-10

Typed or printed name of signing Managing Member/Manager: _____

$ 832.50