## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	COMPANY Secretary of State DIVISION OF CORPORATIONS			FILED  10 JUL 13 PM 28: 02	
DOCUMENT # L04000012358  1. Limited Liability Company's Name				SECRETARY OF STAY TALLAHASSEE, FLORIDA	
POOLS by JACK, L.L.C.					CR2E041 (05/10)
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address (Same)			4 State/Country of Formation		
uite, Apt. #, etc. Suite, Apt. #, etc.			5. Date Organized or Qualified To Do Business in Florida March 1995		
ity & State Tallabersee, FL. City & State			6. FEI Number Applied For		
Zip Country 32312	Zip	Co	untry	7.	Not Applicable  FOR STATUS DESIRED 2 \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent					
Name John Charles Utermonle  Street Address (P.O. Box Number is Not Acceptable) 7760 Maclean Road  Suite, Apt #, Etc.  City Tallahase  State Zip Code FL 323/2			500183238865 07/13/1001005018 **382.50		
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 Date					
10. Names and Street Addresses of Managing Members/Managers					
Titles Name of Managing Members/ Managers		Street Address of Each Managing Member/Manager		n iger	City / State / Zip
Igrma John C. Utermohle		7760 Macleyn Road		oad	Tallahassee, F/32312
DEINICTATUR (DATE					
REINSTATEMENT					
11. E-mail Address Jack Utermobile @ Jahoo Com (To be used for follure 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 filling 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 X.  Date 1/13/2010 Daytime Phone #					
Managing Member/Manager X Date Daytime Phone # Date Daytime Phone # Date Daytime Phone # Daytime Phone # Date Daytime Phone # Daytime Phone # Date Daytime Phone # Daytime Phone P					