

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 23 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **204000028558**

1. Limited Liability Company's Name

Pool's Tri-County Services, LLC.

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

66 Coleman Road
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Crawfordville, Fl.

City & State

same

Zip

32327

Country

Wa kulla

Zip

Same

Country

Same

4. State/Country of Formation

U.S.

5. Date Organized or Qualified
To Do Business in Florida

4/14/04.

6. FEI Number

20-1029495

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

Shawn A. Poole

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

66 Coleman Road

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

☒ 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

Shawn A. Poole

REGISTERED AGENT MUST SIGN

Date

4/23/07.

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
Mgmn	Shawn A. Poole	66 Coleman Road	Crawfordville, Fl. 32327
			600101972966 05/09/07--01006--003 **155.00

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

Shawn A. Poole

Date

4/23/07.

Daytime Phone#

850-926-7445

Typed or printed name of signing Managing Member/Manager

Shawn A. Poole