PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY	DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS	08 AI	PRIO AMIO: 52 RETARY OF STATE CHASSEE, FLORIDA
Lar Jack Yawn Jr. Pools L.C. 2. Principal Office Address - No P.O. Box # 7/10 N.E. Fort King PL. 7/10 N.E. Fort King PL. Suite, Apt. #, etc. City & State Ocala Fl. Zip Country Zip Country 34470 U.S.A. 8. Name and Address of Current Registered Agent		CR2E041 (1/07) 4. State/Country of Formation 5. Date Organized or Qualified To Do Business in Florida 6. FEI Number 34-2.0/5519 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status	
Name Carl Jack Yawn Jr. Street Address (P.O. Box Number is Not Acceptable) 7/1/0 N. E. Fort King PL. Suite, Apt. #, Etc. City Ocala State Zip Code FL 34470		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 Date 4/04/08 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/Manag	er	City / State / Zip
MARM Carl Jack Yawn Jr. 7110 N.E. Fort King PL. Ocala Fl. 34470			
		U4/U3	/08-01004-019 **565.00
REINSTATEMENT			
2005-2008			
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 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 Larl fack Yaunh. Date 4/04/08 Daytime Phone# 352-6/5-5/12 Typed or printed name of signing Managing Member/Manager Carl Jack Yaun Jr.			
Typed or printed name of signing Managing Member/Manager _ Carl Jack Yawn Jr.			