

LO5000122245

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 AUG 22 PM 3:34
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Limited Liability Company's Name
MID-FLORIDA POOL AND SPA, LLC

BK

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
108 NEW MEXICO LN
Suite, Apt. #, etc.

3. Mailing Office Address
108 NEW MEXICO LN
Suite, Apt. #, etc.

City & State
DAVENPORT FL

City & State
DAVENPORT FL

Zip Country
33897 USA

Zip Country
33897 USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name
BRUCE MACES

Street Address (P.O. Box Number is Not Acceptable)
108 NEW MEXICO LN

Suite, Apt. #, Etc.

City
DAVENPORT

State Zip Code
FL 33897

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 606, F.S.

Signature of Registered Agent **Bruce Maces** Date **8-21-07**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
VP	VERA MACE	108 NEW MEXICO LN	DAVENPORT FL 33897
REINSTATEMENT 2006-2007			
000108458320			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.406, 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 **Vera Mace** Date **8-21-07** Daytime Phone # **863-420-9391**

Typed or printed name of signing Managing Member/Manager **VERA MACE**



CORPORATION SERVICE COMPANY

LD5000122245

ACCOUNT NO. : 072100000032

REFERENCE : 064377 7513825

AUTHORIZATION :

COST LIMIT : \$200.00

Handwritten signature

FILED
07 AUG 22 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : August 21, 2007

ORDER TIME : 11:42 AM

ORDER NO. : 064377-005

CUSTOMER NO: 7513825

BK

DOMESTIC FILINGS

NAME: MID-FLORIDA POOL AND SPA, LLC

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XX REINSTATEMENT

PROCESSED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 AUG 22 PM 12:46
TALLAHASSEE, FLORIDA
SUPERVISOR OF FILING

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley - Ext# 2930

EXAMINER'S INITIALS _____