2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000067918

Entity Name: JOE SCIOLI POOLS AND CONSTRUCTION L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
200 N.E. DRIVE HOMESTEAD, FL 33030	

Current Mailing Address:	**New Mailing Address:**
200 N.E. DRIVE HOMESTEAD, FL 33030	28240 SW 157TH COURT HOMESTEAD, FL 33030

FEI Number: FEI Number Applied For (X)   FEI Number Not Applicable ( )   Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
PETERSON, WADE C 234 NORTH KROME AVENUE HOMESTEAD, FL 33030 US	

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WADE C. PETERSON

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	SCIOLI, JOSEPH F JR.	Name:	
Address:	200 N.E. DRIVE	Address:	
City-St-Zip:	HOMESTEAD, FL 33030	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	ARENA, CHRISTOPHER J	Name:	DOUGHERTY, ROBERT J
Address:	8996 S.W. 213 STREET	Address:	2049 SOUTH OCEAN DRIVE, UNIT 910-E
City-St-Zip:	MIAMI, FL 33189	City-St-Zip:	HALLANDALE BEACH, FL 330096629

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSEPH F. SCIOLI JR.   MGRM   04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date