

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS.

FILED STATE SECRETARY OF CORPORATIONS DIVISION OF CORPORATIONS 11 MAR 29 PM 2:39

DOCUMENT # L07000045007

1. Limited Liability Company's Name

BLUEWATER POOLS LLC

MK

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 2035 RIVER HAMMOCK LANE
3. Mailing Office Address 12669
City & State FORT PIERCE FL
Zip Country 34981 ST LUCIE

4. State/Country of Formation
5. Date Organized or Qualified To Do Business in Florida
6. FEI Number
7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name RON RAYMOND
Street Address (P.O. Box Number is Not Acceptable) 2035 RIVER HAMMOCK LANE
City FORT PIERCE State FL Zip Code 34981

E-mail Address: 200199691022
03/29/11--01013--023 \*\*377.50
(To be used for future annual report notices)

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 /s/ RON RAYMOND Date
REGISTERED AGENT MUST SIGN

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGR, RON RAYMOND, 2035 RIVER HAMMOCK LN, FT PIERCE FL 34981. Includes stamp: REINSTATEMENT 2010-2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
Signature of Managing Member/Manager Date 3/28/11 Daytime Phone #
Typed or printed name of signing Managing Member/Manager