

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 MAY 13 PM 2:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 410-7971

1. Limited Liability Company's Name

Back Yard Pools, LLC

300247893533
05/13/13--01006--019 **576.25

CR2E041 (1/11)

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

4090 Gaugin St

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Zip

32504

Country

Escambia

Zip

Country

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 ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Clint Glass

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

4090 Gaugin St

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32504

E-mail Address:

(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

Date

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/ Manager	City / State / Zip
marm	Clint Glass	4090 Gaugin St	Pensacola FL 32504

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 817.156, F.S.

Signature of Managing
Member/Manager

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

15/13