

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000007971

1. Limited Liability Company's Name

Clint Glass, Affordable Lifestyle Pools, LLC

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

4090 Gaugin St.

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32504

Country

3. Mailing Office Address

4090 Gaugin St.

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32504

Country

CR2E041 (1/14)

4. State/Country of Formation

FL

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

Herbert Clinton Glass, Jr.

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

4090 Gaugin St.

Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32504

900281658939
02/01/16--01007--001 **125.00

900281658939
02/01/16--01007--003 **416.25

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Herbert Clinton Glass, Jr.

REGISTERED AGENT MUST SIGN

Date 2-1-16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr	Herbert Clinton Glass, Jr.	4090 Gaugin St.	Pensacola, FL 32504

FILED
FEB - 11 PM 12:07
CLINTON GLASS, JR.
10000007971

11. E-mail Address:

Your Pool Pro @ yahoo.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605 0012, 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 authorized representative/member

Herbert Clinton Glass, Jr.

Date

Daytime Phone #

Typed or printed name of signing authorized representative/member