

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 NOV -2 PM 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LID 000084566

1. Limited Liability Company's Name

AQUABLU E POOL & SPA SVCS. LLC

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

1247 N.E. 23RD AVE.

3. Mailing Office Address

SAME

~~Suite, Apt. #, etc.~~

City & State

POMPAHO BEACH, FL.

City & State

Zip

33062

Country

U.S.A.

Zip

Country

4. State/Country of Formation

FLA. U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

6/2005

6. FEI Number

02-0747397

☐ 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

MARK ZWEIG

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

1247 N.E. 23RD AVE.

~~Suite, Apt. #, etc.~~

City

POMPAHO BEACH

State

FL

Zip Code

33062

800213214038
10/12/11--01003--004 **238.75

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

Mark Zweig

REGISTERED AGENT MUST SIGN

Date

10/7/2011

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
		L. SELLERS	
		NOV. -4 2011	
		EXAMINER	
PRESIDENT	<u>MARK ZWEIG</u>	<u>1247 N.E. 23RD AVE POMPAHO BEACH - FL 33062</u>	<u>POMPAHO BEACH FLORIDA 33062</u>

COMPANY IS
ONLY 1 PERSON

11. E-mail Address:

(To be used for future annual report notifications)

12. 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.

Signature of
Managing Member/Manager

Mark Zweig

Date

10/7/2011

Daytime Phone

(954) 614

Typed or printed name of signing Managing Member/Manager

2345