PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2023 MAR -7 PM 12:40

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000078666

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03/07/23--01004--022 *480.00

CR2E041 (1/14)

1. Limited Liability Company's Name
Taylor Pools LLC (current name)
Taylor Pools and Patios LLC (new name
see attached Articles of Amendment)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
6742 Forest Hill Blvd		6742 Forest Hill Blvd	
Suite, Apt #, etc. 268		Suite, Apt #, etc. #268	
City & State West Palm Beach FL		City & State West Palm Beach FL	
Zip 33413	Country USA	Zip 33413	Country USA

4. State/Country of Formation Florida

5. Date Organized or Qualified To Do Business in Florida 6/13/2012

6. FEI Number 45-5500432 ☐ 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
Rocket Lawyer Corporate Services LLC

Street Address (P.O. Box Number is Not Acceptable) Suite,
155 Office Plaza Drive

Apt #, Etc
1st Floor

City Tallahassee (new RA see attached amendment) State FL Zip Code 32301

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 [signature] Asst Secretary Rocket Lawyer Corporate Services LLC Date 2.15.2023

REGISTERED AGENT MUST SIGN

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
MGRM	Leanne Taylor	6742 Forest Hill Blvd #268	West Palm Beach FL 33413
	REINSTATEMENT		[redacted] R. HUNT 03/07/23

11. E-mail Address matttaylor1179@gmail.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 [signature] Date 2/6/23 Daytime Phone # 631 838 8442

Typed or printed name of signing authorized representative/member Leanne Taylor