PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS
2020 July 31 PM 12:07

DOCUMENT # L15000177458

1. Limited Liability Company's Name

Dr. Pool And Spa LLC

700349446487

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
630 SW 71st Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines FL	City & State
Zip: 33023 / Country: US	Zip / Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10-19-2015

6. FEI Number: 35-2170127 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. **Name and Address of Current Registered Agent**

Name: Delice Lafortune

Street Address (P.O. Box Number is Not Acceptable) Suite:
630 SW 71st Ave

Apt. # Etc.

City: Pembroke Pines | State: FL | Zip Code: 33023

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: Delice Lafortune (REGISTERED AGENT MUST SIGN) Date: 07/28/2020

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	Delice Lafortune	630 SW 71st Ave Pembroke Pines FL 33023	Pembroke Pines FL 33023
Mgr	Rudlyne Augustin	630 SW 71st Ave Pembroke Pines FL 33023	Pembroke Pines FL 33023

JUL 31 2020
R. HUNT

REINSTATEMENT

11. E-mail Address: Delicelafortune@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: [illegible] Date: 07/28/2020 Daytime Phone #: 954-725-[illegible]