PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith 5

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P00000035389

1. Corporation Name

BLUE HAVEN POOLS OF FLORIDA EAST COAST, INC.

SECRETARY OF STATE CORPORATIONS 03 AUG 22 AH 8:00

Principal Place of Business	ace of Business Mailing Address					
1842 S. SEAGROVES ST. 1842 S. SEAG		GROVES ST.				
S. DAYTONA FL 32119	S. DAYTONA	FL 32119			: 00/83 01/96	
			R	EINSTATEN	ENT on D3	
If above addresses are incorrect in any way, line t	hrough incorrect is	nformation and enter	correction below.	SPENSON INTERPLE	LIVI (b)	
2. New Principal Office Address, If Applicable	3. New Mail	ng Office Address, If		ate Incorporated or Qualified o Do Business in Florida	04/06/2000 MP	
Suite, Apt. #, etc.	Suite, Apt. #,	etc.	4 1	-1 No		
7478-ASW.60** AVE	7478-P	1 5.W. 60	AUE 5. FE	El Number 94-3359270	Applied For	
OCALA I.FL	OCAL	A, FL		······································	Not Applicable	
Zip Country Country	Zip 3447	Countr	ZU-SAGE	RTIFICATE OF STATUS DESIRED	S8.75_Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer an	d/or Director (Flo	rida nonprofit corpora	ations must list at least 3 dire	ectors)		
Title(s) Name of Officers and/or Directors	and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
P ZABERER, RONALD A		636 BROADWAY STE. 310		SAN DIÈGO CA S	02101	
T WATERS, CHRIS		636 BROADWAY STE. 310		SAN DIEGO CA S	SAN DIEGO CA 92101	
			·			
			. 0	20002186; 7/28/03010680	2432 16 **758.75	
			· · · · · · · · · · · · · · · · · · ·			
		-		,20002186; 8/22/03010070	2432 06 **141.25	
8. Name and Address of Current Registered Agent			9. Na	9. Name and Address of New Registered Agent		
			Name CARL COORE			
SOLITARIO, DOMINICK			Street Address (P.O. Box Number is Not Acceptable) 7478-A J. W. 40 H. AUE.			
1842 S. SEAGROVES ST. S. DAYTONA FL 32119			Street Address (P.G. Box Number is Not Acceptable) 7478-A J.W. 60th AUE. Suite, Apt. #, Etc.			
Or Brittolivi i Bustio		···				
			City OCACA		State Zin Code FL 34476	
10. I, being appointed the registered agent of the a	bove named corpo	oration, am familiar w	ith and accept the obligation	ns of Section 607,0505, F.S. or 6	17.0505, F.S.	

Signature of Registered Agent

REGISTE RED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR