PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 16 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P01000029531

1. Corporation Name
D & D POOLS, INC.

2. Principal Office Address	3. Mailing Office Address
735 CEDAR KNOLL DR. N.	735 CEDAR KNOLL DR. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND, FLORIDA	City & State: LAKELAND, FLORIDA
Zip: 33809 Country: USA	Zip: 33809 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: MARCH 22, 2001

5. FEI Number: 59 3707207 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DENNIS DRAGAN

Street Address (P.O. Box Number is Not Acceptable): 735 CEDAR KNOLL DR. N

Suite, Apt. #, Etc.:

City: LAKELAND State: FL Zip Code: 33809

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: JUNE 15, 2004
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P/S/T	DENNIS DRAGAN	735 CEDAR KNOLL DR. N.	LAKELAND, FL 33809
V	CINDY DRAGAN	735 CEDAR KNOLL DR. N.	LAKELAND, FL 33809
	REINSTATEMENT 02-04		

10. 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: _____ JUNE 15, 2004 863-607-6544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #