

**2006 FOR PROFIT CORPORATION  
REINSTATEMENT**

DOCUMENT # P01000030416



1. Entity Name  
SAL'S POOL MAINTENANCE, INC.

Principal Place of Business  
14 MONTANA AVE  
SAINT CLOUD, FL 34769

Mailing Address  
14 MONTANA AVE  
SAINT CLOUD, FL 34769

2. Principal Place of Business  
**5033 Shelley Court**  
Suite, Apt. #, etc.

3. Mailing Address  
**5033 Shelley Court**  
Suite, Apt. #, etc.

City & State  
**Orlando FL**

City & State  
**Orlando, FL**

Zip  
**32807**

Zip  
**32807**

Country  
**Orange**

Country  
**Orange**

REINSTATEMENT 05-06  
04/06/2006 REINSTATEMENT CR2E098.11106

4. FEI Number  
**59-3707456**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, JASON  
14 MONTANA AVE  
SAINT CLOUD, FL 34769

Name **Jason Gomez**

Street Address (P.O. Box Number is Not Acceptable)  
**5033 Shelley Court**

City **Orlando** FL Zip Code **32807**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Jason Gomez*

(NOTE: Registered Agent signature required when reinstating)

*March 17, 2006*

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, JASON 14 MONTANA AVE SAINT CLOUD, FL 34769	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jason Gomez 5033 Shelley Court Orlando, FL 32807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jason Gomez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jason Gomez

March 17, 2006 321-231-8428

Date

Daytime Phone #

2/28/06

Jason W. Gomez  
Sal's Pool Maintenance, Inc.  
5033 Shelley Court  
Orlando, FL 32807

March 17, 2006

Secretary of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Sal's Pool Maintenance, Inc.

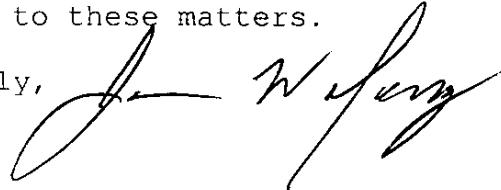
Dear Sir or Madam:

Enclosed please find the completed annual renewal form (Annual Business Report) for your agency, and a check in the amount of three hundred 00/100 dollars (\$300.00) as payment in full for our annual renewal fee.

Sal's Pool Maintenance, Inc., has no record of having received its annual renewal notification, and was required to download a new form on 16 March 2006 from its attorney's office. I understand that you will waive the late-filing fee upon receipt of this letter, enclosed payment, and completed ABR form.

Feel free to telephone me if you have any questions or comments related to these matters.

Sincerely,



Jason W. Gomez, President  
Sal's Pool Maintenance, Inc.

Enclosures  
c: File