

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000042573 1. Entity Name POOLDZINE, INC.						06 OCT 23 10:14	
Principal Place of Business 4940 EMERSON STREET SUITE 101 JACKSONVILLE, FL 32207				Mailing Address 4940 EMERSON STREET SUITE 101 JACKSONVILLE, FL 32207			
2. Principal Place of Business 4620 MORRIS ROAD Suite, Apt. #, etc.		3. Mailing Address 4620 MORRIS ROAD Suite, Apt. #, etc.					
City & State JACKSONVILLE, FL Zip 32225 Country		City & State JACKSONVILLE, FL Zip 32225 Country		4. FEI Number 06-1655697		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent WALTON, CHRISTOPHER W 4620 MORRIS ROAD JACKSONVILLE, FL 32225			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 10/18/06			
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP PTD WALTON, CHRISTOPHER W 8608 BEACH BLVD JACKSONVILLE, FL 32216		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 4620 MORRIS ROAD JACKSONVILLE, FL 32225		<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 200081117242 10/23/06--01042--014 **750.00		<input 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	
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	
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	
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: CHRISTOPHER W. WALTON 10/18/06 (904) 997-8750 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							