PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 16 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000053657

REINSTATEMENT 0205

1. Corporation Name
Xtreme Pool Care, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
380 South State Road 434		380 South State Road 434	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
1004-319		1004-319	
City & State		City & State	
Altamonte Springs FL		Altamonte Springs FL	
Zip	Country	Zip	Country
32714	USA	32714	USA

4. Date Incorporated or Qualified To Do Business in Florida 05/23/2001

5. FEI Number 20-2325055 ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Matt Szafran

900047542079
03/02/05--01007--003 **1208.75

Street Address (P.O. Box Number is Not Acceptable)
380 South State Road 434

Suite, Apt. #, Etc.
1004-319

City	State	Zip Code
Altamonte Springs	FL	32714

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 2/13/05

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
Pres	Matt Szafran	380 South State Road 434, Suite 100	Altamonte Springs FL 32714

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: _____ Matt Szafran 02/13/2005 321-663-1398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #