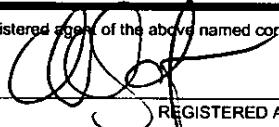
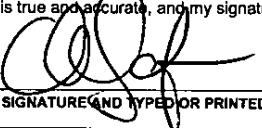


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000053657			
1. Corporation Name Xtreme Pool Care, Inc.			
2. Principal Office Address 380 South State Road 434 Suite, Apt. #, etc. 1004-319 City & State Altamonte Springs FL Zip 32714 Country USA		3. Mailing Office Address 380 South State Road 434 Suite, Apt. #, etc. 1004-319 City & State Altamonte Springs FL Zip 32714 Country 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			
Street Address (P.O. Box Number is Not Acceptable) 380 South State Road 434			
Suite, Apt. #, Etc. 1004-319			
City Altamonte Springs		State FL	Zip Code 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			
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 #

FILED

05 FEB 16 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **02-05**

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