PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1246

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV 10 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

300137787303
11/10/08--01041--013 **1500.00

CR2E081 (10/08)

DOCUMENT # P02000012005

1. Corporation Name

WATERMAN POOLS AND SPAS, INC.

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
9311 SWEETBAY COURT		9311 SWEETBAY COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
LADSON SC		LADSON SC	
ZIP	Country	ZIP	Country
29456		29456	

4. Date Incorporated or Qualified To Do Business in Florida 01/28/2002

5. FEI Number 75-2993712 ☐ 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
CHRISTOPHER ANTHONY WATERMAN

Street Address (P.O. Box Number is Not Acceptable)
1334 NORTH MILITARY TRAIL

Suite, Apt. #, Etc.

City	State	ZIP Code
WEST PALM BEACH	FL	33409

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 X _____ Date X 11/5/08

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
P	CHRISTOPHER WATERMAN	9311 SWEETBAY COURT	LADSON, SC 29456

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 contained in Chapter 119, 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: X _____ X 11/5/08 843-364-2567

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

WK7 P FLN122-001 2