

08-01-'06 11:55 FROM-

T-075 P001/001 F-425

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 AUG -2 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000059527

1. Corporation Name

SWIM America Services, Inc

2. Principal Office Address

744 Riverside Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

Zip

33071

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

5/29/02

5. FEI Number

65-1172573

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Karen KING

Street Address (P.O. Box Number is Not Acceptable)

2808 NW 10th Ave

Suite, Apt. #, Etc.

City

FE. LAUD.

State
FL

Zip Code

33311

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

REGISTERED AGENT MUST SIGN

Date 7/1/06

9. Name 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
PVST	KAREN KING	2808 NW 10th Ave	FE. LAUD. FL 33311

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/01/06

Daytime Phone #

SWIM AMERICA SERVICES, INC.
744 RIVERSIDE DRIVE
CORAL SPRINGS, FLORIDA 33065

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CORPORATION REINSTATEMENT

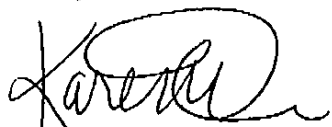
Dear Sirs:

We respectfully request that the reinstatement fee be waived since we did not receive the annual report notice in the year of dissolution.

Accordingly, we are including a check payable to the Department of State in the amount of \$608.75, representing the \$150 annual report fee for the years 2003, 2004, 2005 and 2006. This amount also includes an additional \$8.75 for a Certificate of Status.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Karch King", written over a horizontal line.

Karch King
President