08-01-'06 11:55 FROM- T-075 P001/001 F-425

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 AUG -2 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000059527

1. Corporation Name
Swim America Services, Inc

03-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
744 Riverside Drive	
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 ☒ $8.75 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.

100001548735
08/08/06--01068--016 **8.75

City: Ft. 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: Karen REGISTERED AGENT MUST SIGN Date: 8/1/06

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
PVST	KAREN KING	2808 NW 10th Ave	FT. LAUD. FL. 33311

8/9/3

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: Karen
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,

Karch King
President