


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02000067814

1. Corporation Name

BlueWater Pools, Inc.

2. Principal Office Address

509 S. Dixie Hwy, E.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33064

Country

USA

3. Mailing Office Address

960 NW 48th Ave

Suite, Apt. #, etc.

City & State

Coconut Creek, FL

Zip

33063

Country

USA

FILED

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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01/25/07--01003--017 \*\*1200.00

**REINSTATEMENT** 05-07

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

06/19/2002

5. FEI Number

03-0462450

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

Renee Simpson

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

960 NW 48th Ave

Suite, Apt. #, Etc.

City

Pompano Beach, FL

State

FL

Zip Code

33063

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

*Renee Simpson-Miles*  
REGISTERED AGENT MUST SIGN

Date

1/16/07

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	Renee Simpson-Miles	960 NW 48th Ave.	Pompano Beach, FL 33063
	<i>\$7.12</i>		

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

*Renee Simpson-Miles*  
Renee Simpson-Miles

Date

1/16/07

Daytime Phone #

954-784-1102