


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000125715		
1. Entity Name FLEMING ISLAND POOL & PATIO, INC.		

Principal Place of Business 4479 US HWY 17 SUITE 8 ORANGE PARK, FL 32003	Mailing Address 5398 CHESTNUT LAKE DR JACKSONVILLE, FL 32258
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2. Principal Place of Business	3. Mailing Address 4479 US HWY 17
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 8
City & State	City & State ORANGE PARK, FL
Zip	Zip 32003
Country	Country



REINSTATEMENT 05-06  
10112006 REIN-FL-GR2E098 (1.1.05)

4. FEI Number 43-1987496	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  WENZEL, KAREN E 12276 SAN JOSE BLVD STE 126 JACKSONVILLE, FL 32223
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7. Name and Address of New Registered Agent Name KYMBERLY A. PASEK Street Address (P.O. Box Number is Not Acceptable) 4479 US HWY 17 SUITE 8 City ORANGE PARK FL Zip Code 32003
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kymberly A. Pasek, President 1/20/2006  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PASEK, KYMBERLY A 5398 CHESTNUT LAKE DR JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PASEK, RICHARD A 5398 CHESTNUT LAKE DR JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>B2-1</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pasek, Kymberly A 115 W. Bridgeport Rd. Palatka, FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Pasek, Richard A 115 W. Bridgeport Rd. Palatka, FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>600065569916</u> <u>02/10/06--01026--004</u> <u>**300.00</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kymberly A. Pasek 1/20/2006 (904) 213-8407  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #