Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

POOL WATER PRODUCTS \INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 NOV 28 AM 11:42

DOCUMENT # P02586

1. Corporation Name

POOL WATER PRODUCTS \INC.\

REINSTATEMENT 10-11

CR2E083 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
17872 Mitchell N.	17872 MITCHELL AVE.
Suite, Apt. #, etc. #250	Suite, Apt. #, etc. 17872 MITCHELL AVE.
City & State Irvine, CA	City & State IRVINE, CA
Zip 92614 Country USA	Zip 92713 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 07/03/1984

5. FEI Number 952554413 ☐ 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: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

City: PLANTATION State: FL Zip Code: 33324

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: [signature] YADIRA GARCIA Date: 11/23/2011

REGISTERED AGENT MUST SIGN ASST. SECRETARY

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
CSD	ALLRED, ZELMA M.	17872 MITCHELL AVE	IRVINE CA 92614
PDT	ALLRED, DEAN C.	17872 MITCHELL AVE	IRVINE CA 92614
D	STARR, CAROL A.	17872 MITCHELL AVE	IRVINE CA 92614

10. E-mail Address: elina@poolwater.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that upon 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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Zelma M. Allred 11/23/11 (949)474-7779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLD10 - 02/15/2011 CT System Online

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