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FILED
14 AUG 22 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # P03000068822

1. Corporation Name

Affordable Pool Service / Store Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5215 Turnpike Feeder Rd	907 Rolling Hill Drive
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Fort Pierce, FL	City & State: Spencer, TN
Zip: 34951 Country:	Zip: 38585 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 5/12/2003

5. FEI Number: 270092845 — 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: Norris, Donald

Street Address (P.O. Box Number is Not Acceptable): 7500 Pensacola Rd

Suite, Apt. #, etc.:

City: Fort Pierce, FL State: FL Zip Code: 34951

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]
REGISTERED AGENT MUST SIGN

Date 8/14/14

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
D	Norris, Donald	907 Rolling Hill Drive	Spencer, TN 38585
D	Norris, Donna	907 Rolling Hill Drive	Spencer, TN 38585

REINSTATEMENT
AUG 22 2014
R. HUNT

10. E-mail Address: MISSEY @ BLOMAND.NET
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 8/14/14 Daytime Phone #

Division of Corporations

Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT

AFFORDABLE POOL SERVICE / STORE INC.

Certificate of Status	0
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R. HUNT