

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~CORPORATION~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000065361

1. Corporation Name
BLUE DIAMOND POOL CONSTRUCTION COMPANY, INC. *2004 UBR*

2. Principal Office Address 149 Woodette Drive		3. Mailing Office Address 149 Woodette Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Dunedin, Florida		City & State Dunedin, Florida	
Zip 34698	Country Pinellas	Zip 34698	Country Pinellas

200039575502
07/27/04--01076--003 **150.00

04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number 06-1693691	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
George Branner

Street Address (P.O. Box Number is Not Acceptable)
6437 Otis Road

Suite, Apt. #, Etc.

City
North Port

State FL	Zip Code 34287
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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 _____ Date _____

REGISTERED AGENT MUST SIGN

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
PD	Renaud Cowez	149 Woodette Drive	Dunedin, Florida 34698
VPD	George Banner	6437 Otis Road	North Port, Florida 34287
STD	Erika Cowez	149 Woodette Drive	Dunedin, Florida 34698

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 under section 119.07(3)(i), 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: *President* _____ Date: 07/20/2004 Daytime Phone #: (727) 945-9557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

2002

**BLUE DIAMOND POOL CONSTRUCTION
COMPANY, INC.
149 Woodette Drive
Dunedin, Florida 34698
Telephone (727) 945-9557**

July 20, 2004

State of Florida
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

To Whom It May Concern:

Per telephone conversation with your office today, I am sending you my check in the amount of \$150.00 to cover the cost of the 2004 Uniform Business Report (UBR) which I did not receive since I moved to the following new address:

149 Woodette Drive
Dunedin, Florida 34698

My Document # is P03000065361 and the entity name is Blue Diamond Pool Construction Company, Inc.

If you need any additional information, please do not hesitate to contact me.

Sincerely yours,

Renaud Cowez