2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000136093											
1. Entity Name VIKING POOLS OF JACKSONVILLE, INC.								•	. 1 753	<u> </u>	
							08 OCT -8 AI111: 31				31
Principal Place of Business 10702 HOOD ROAD S				Mailing Address 10702 HOOD ROAD S			LECRETARY OF SIME MELAHASSEE, FLORIDA				
#2 ACKSONVILLE, FL 32257 US			#	#2 Jacksonville, FL 32257 US					44822I	te, flui	AUD
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
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Suite, Apt. #, etc.				Suite, Apt. #, etc.			10032008	REIN-P	CR2E	098 (1/07)	
City & State				City & State		4. FEI Numb			<u> </u>	plied For at Applicable	
Zip	Country			Zip Cou		ntry	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
BARKET, GARRETT N						Street Address (P.O. Box Number is Not Acceptable)					
233 E BAY ST SUITE 1015 JACKSONVILLE, FL 32202						Sired Address (F.O. Box Number is Not Acceptable)					
						City				Zip Code	
8. The above	named entity	submits this statement	or the i	purpose of changing its	s register	I	ered agent or be	oth in the State of Fl	FL orida Lam	<u>- </u>	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) DATE											
FILE NOWIII FEE IS \$150.00								In accordance	with s. 607	7.193(2)(b).	F.S., the
After January 1, 2009, Fee will be \$300.00								corporation did	not receiv	e the prior r	notice.
10.	Р	OFFICERS ANI) DIRE		11. THE		ADDITIONS	/CHANGES TO OFF	ICERS AND		
NAME	RETHMEL, SCOTT					E E	5	00136	750	Change	Addition
STREET ADDRESS CITY-ST-ZIP	4613 WASSAIL DRIVE JACKSONVILLE, FL 32257					EET ADDRESS '-ST-ZIP	10/0	8/080103	7008	**150	1.08
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TITLE				☐ Delete	TITL NAM					☐ Change	☐ Addition
STREET ADDRESS					STRE	EET ADORESS					
12. I hereby	certify that the	information supplied wi	th this f	liting does not qualify for	or the exi	emptions contained	d in Chapter 11	9, Florida Statutes. I	further cer	tify that the in	formation
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal affect as it 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.											
10.200 april 0 N/200											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone #											