


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000022021

1. Entity Name
KEYSTONE CUSTOM POOLS & SPAS CORP.



FILED

06 APR 11 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 13824 E. LINDEN DRIVE SPRING HILL, FL 34609	Mailing Address 13824 E. LINDEN DRIVE SPRING HILL, FL 34609
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2. Principal Place of Business 15120 COUNTYLINE RD	3. Mailing Address
Suite, Apt. #, etc. 110	Suite, Apt. #, etc.

04112006 REIN-P CR2E098 (11/05)

City & State Spring Hill, FL.	4. FEI Number 59-3547865
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Applied For
 Not Applicable

Zip 34610	Country USA	Zip	Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HAUSEN, JAMES D JR.
13824 E. LINDEN DRIVE
SPRING HILL, FL 34609**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">P</td> <td style="width: 75%;">HAUSEN, JAMES D JR.</td> <td style="width: 20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="3">13824 E. LINDEN DR SPRING HILL, FL 34609</td> </tr> </table>	P	HAUSEN, JAMES D JR.	<input type="checkbox"/> Delete	13824 E. LINDEN DR SPRING HILL, FL 34609		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 5%;"><input type="checkbox"/> Change</td> <td style="width: 5%;"><input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center; font-weight: bold; font-size: 1.2em;">600073712756</td> </tr> <tr> <td colspan="3" style="text-align: center;">05/02/06--01003--030 **308.75</td> </tr> </table>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		600073712756			05/02/06--01003--030 **308.75		
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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: _____ **4-11-06** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #