2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000050709

Entity Name: POOLS & FOUNTAINS BY DESIGN, INC.

FILED Nov 14, 2008 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

19143 SKYRIDGE CIR BOCA RATON, FL 33498

Current Mailing Address: New Mailing Address:

19143 SKYRIDGE CIR BOCA RATON, FL 33498

FEI Number: 11-3714640 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAX MANAGEMENT CORP

C/O ANTHONY V. SALERNO

19143 SKYRIDGE CIR

BOCA RATON, FL 33498 US

ANTHONY V. SALERNO

19143 SKYRIDGE CIR

BOCA RATON, FL 33498 US

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.

SIGNATURE: ANTHONY V. SALERNO 11/14/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PCFO** () Delete (X) Change () Addition SALERNO, ANTHONY V PCEO SALERNO, ANTHONY V P Name: Name: 19143 SKYRIDGE CIRCLE 19143 SKYRIDGE CIRCLE Address: Address: City-St-Zip: BOCA RATON, FL 33498 City-St-Zip: BOCA RATON, FL 33498

Title: V.P. () Delete Title: () Change () Addition

 Name:
 COSTELLO, JOSEPH V.PRES.
 Name:

 Address:
 633 SW LONG KEY CT.
 Address:

 City-St-Zip:
 PORT ST. LUCIE, FL 34986
 City-St-Zip:

Title: V.P. (X) Delete Title: () Change () Addition

 Name:
 DE LA VILLA, CHRISTINE M V.P.
 Name:

 Address:
 19143 SKYRIDGE CIRCLE
 Address:

 City-St-Zip:
 BOCA RATON, FL 33498
 City-St-Zip:

Title: TRES (X) Delete Title: () Change () Addition

 Name:
 DE LA VILLA, CHRISTINE M TRES
 Name:

 Address:
 19143 SKYRIDGE CIRCLE
 Address:

 City-St-Zip:
 BOCA RATON, FL 33498
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY V. SALERNO PRES 11/14/2008