PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. \cdot

CORPORATION FREINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State	3	FILED
	DIVISION OF CORPORATIONS		9 AUG 10 AM 11:38
DOCUMENT # P04000105432 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
KRIS' POOLS, INC.			07-09-19/2
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 8861 69 STAO.		REINSTATEMENT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		orated or Qualified
Pinellas Park Pl	City & State Privile Bak 19	5. FEI Numbe	
33782 Country	33782 Country u.S	6. CERTIFICATE	OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent			
KKIS J. Keneney		☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement	
Street Address (P.O. Box Number is Not Acceptable) ### Record			
Suite, Apt. #, Etc.			
City finellas Park	State Zip Code FL 3378Z	fee be waived. #.450, 00	
8. I, being appointed the registered agent of the above	named corporation, am familiar with and accept the o	bligations of section	on 607.0505 or 617.0503, F.S.
Signature of Registered Agent Date 8/10/09 REGISTERED AGENT MUST SIGN			Date 8/10/09
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
Prosidet Kreis J. Kearn	ex 8861 69 st.	no.	Pinellas Pack 151.33782
		08 <u>/</u>	00159419410 0/0901013013 ***300.00
			00159419410
		<u> </u>	10/0901013014 **150.00
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 filling 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 contained in Chapter 119, 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: 8/0/09 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			