PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 FEB -1 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000107881 2006-2007

REINSTATEMENT 06 07

1. Corporation Name
BUCKEYE Pool CONST INC

2. Principal Office Address	3. Mailing Office Address
456 WINDSWEPT AVE S.W	456 WINDSWEPT AVE S.W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Bay FL	City & State: Palm Bay FL
Zip: 32908 Country: Brevard	Zip: 32908 Country: Brevard

CR2EC81 (12/05)

4. Date Incorporated or Qualified To Do Business In Florida: 3/1/05

5. FEI Number: 20-1523436 (Applied For ☐ / Not Applicable ☑)

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee requires for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JAMES H LYONS

Street Address (P.O. Box Number is Not Acceptable): 456 WINDSWEPT AVE S.W.

Suite, Apt. #, Etc.: ~~PB FL~~

City: PB FL State: FL Zip Code: 32908

400086324614
01/29/07--01003--001 **315.00

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: James H Lyons Date: 1/19/7
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
Pres	JAMES H. LYONS	456 WINDSWEPT AVE	PB FLA 32908
VP	DAVID Ellsworth	1605B Jordan Ct.	PB FL 32908

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 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: James H. Lyons JAMES H LYONS PRES 1/19/7 3215013399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 1 per Rate Book

Dear Sir OR miss

2/2

I James H Tyus was not able to find my canceled Check for 06 Annual Report Somehow my check bounced While all this happened my sister who is living with me was diagnosed with a brain tumor I have been under pressure to take care of her and try to make a living

Please Take this under CONSIDERATION

Sincerely

James H Tyus

Pres

Buckeye Pools.