. 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000037468 1. Entity Name PRINCE OF POOLS, INC.							06 SEP 25 5" 3:45					
Principal Plac	e of Business		Mailing A	Address			. 2	06	25L 52	j) · · · ·	
2832 KIRK RD. LAKE WORTH, FL 33461			2832 K	2832 KIRK RD. Lake Worth, Fl 33461				SEC TAL 18 maa ama ama ama ama a	III SETEN GOI INNO ATEIS	(. 1881 (1891	arba Muma	
2. Principal Place of Business			3, Mailing	3. Mailing Address					20 GE 1) ID			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			09182006 WREIN-P 1 (12) CR2E098 (1105) 200(
City & State		City &	City & State			4. FEI Number		-	Applied For Not Applicable			
Zip	Country		Zip	Žip Cou		у	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						Name	7. Name and	Address of New i	Registered Agent		·	
DUNLAP, DANIEL 2832 KIRK RD. LAKE WORTH, FL 33461						Street Address (Street Address (P.O. Box Number is Not Acceptable)					
					}	City	···-		FL Zir	Code		
	named entity	y submits this statemered agent.	nt for the purpos	e of changing i	s registere	d office or register	red agent, or bo	oth, in the State of Fl		with, a	nd accept	
SIGNATURE	Signature, typed	or printed name of registered	gent and title oppics	ble. (NC	TE: Registere	d Agent signature requi	red when reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.										S., the otice.		
10.	T	OFFICERS A	ND DIRECTORS		11.		ADDITIONS	/CHANGES TO OF	· - · · · · · · · · · · · · · · · · · ·			
NAME STREET ADDRESS CITY-ST-ZIP	DUNLAP, 2832 KIRI			☐ Delete		1		00090 3/060103			Addition	
TITLE		,. 2 00 10 1		☐ Detete	TITLE		 		□ Ch	ange	Addition	
NAME STREET ADORESS CITY-ST-ZIP					1	T ADORESS ST-ZIP						
TITLE				☐ Delete	TITLE	•			Ca	ange	☐ Addition	
NAME STREET ADORESS CITY-ST-ZIP						T ADORESS ST-ZIP						
TITLE NAME				Delete	TITLE	1			☐ Ch	ange	Addition	
STREET ADDRESS City-St-Zip					STREE	T ADORESS ST-ZIP		· · · · · · · · · · · · · · · · ·	····			
TITLE NAME				☐ Delete	TITLE NAME	1			☐ Ch	ange	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					STREE	T ADORESS ST-ZIP					ĺ	
TITLE NAME				☐ Delete	TITLE				☐ Ch	ange	Addition	
1					STREE	T ADDRESS						
STREET ADDRESS CITY-ST-ZIP					CITY-	ST-ZIP						
12. I hereby indicated of the co	d on this report reporation or the	e information supplied it or supplemental rep ne receiver or trustee achment with an addr	ort is true and ac empowered to ex	curate and that secute this repo	for the exe t my signate rt as requir	mptions contained ure shall have the	same legal effe	ct as if made under	oath: that I am an o	officer o	or director 1	
12. I hereby indicated of the co	on this repoi rporation or the l, or on an atta	nt or supplemental rep he receiver or trustee	ort is true and ac empowered to ex ess, with all other	curate and that ecute this repo like empowere	for the exert my signature as required.	mptions contained ure shall have the ed by Chapter 60	same legal effe 7, Florida Statut	ct as if made under	oath; that I am an o ne appears in Block	officer of 10 or E	or director Block 11 if	