

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 14 AM 9: 39

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000087327

1. Corporation Name

CRYSTAL SALT POOLS, INC.

2. Principal Office Address - No P.O. Box #
12988 WINTHROP COVE DRIVE

3. Mailing Office Address
12988 WINTHROP COVE DRIVE

REINSTATEMENT 06-07
CRZE081 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified...
To Do Business in Florida 06/17/2005

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

5. FEI Number
20-3024713 Applied For
Not Applicable

Zip
32224

Country
US

Zip
32224

Country
US

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
VERNHES, CHRISTIAN

Street Address (P.O. Box Number is Not Acceptable)
12988 WINTHROP COVE DRIVE

Suite, Apt. #, Etc.

City
JACKSONVILLE

State
FL

Zip Code
32224

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 fee be waived.

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

Christian Vernhes

REGISTERED AGENT MUST SIGN

Date 12/11/07

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 |
|--------|-----------------------------------|------------------------------------------------|-----------------------|
| PSTD | VERNHES, CHRISTIAN | 12988 WINTHROP COVE DRIVE | JACKSONVILLE FL 32224 |
| | | | |
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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:

Christian Vernhes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/11/07

Daytime Phone #