PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # PO6000021569 1. Corporation Name Turtle Pool Plastening Inc 2. Principal Office Address - No P.O. Box # 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address DY46 Coral Spring Dy Suite, Apt. #, etc. City & State City & State City & State Coral Spring F/ Zip Committy Zip Committy Zip SECRETART OF SIMIE SECRETART OF SIMIE TO DI BOBE TO TT 05/10/1001077014 ***458.75 CR2E081 (4/10) 4. Date Incorporated or Qualified To Do Business in Florida 2/13/06 5. FEI Number 20 4325165 Not Applied For Not Applied For	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	10 MAY 10 AM 7: 54	
3. Malling Office Address - No P.O. Box 8 Solle, Apt 8, etc. Applied for To De Business in Florida To De Business in Florida Applied for To De Business in Florida To De Business in Florida Applied for To De Business in Florida To De Busines	1. Corporation Name		SECRETARY OF STATES WALLARASSEE, FLORIDA	
Suite, Apt. 8, etc. Suite, Apt. 8, etc.	2. Principal Office Address - No P.O. Box #	2011/2 /C - A	700180667077 05/10/1001077014 **458.75	
City & State City	Suite, Apt. #, etc.			
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Single Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. State Suite, Apt. #, Etc. State Signature of Registered Agent REGISTERED AGENT MUST SIGN P. Names and Street Addresses of Esch Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Tritles Officers and/or Directors Officers and/or Directors Officers and/or Directors Tritles Officers and/or Directors Office			- I a seriment of states	
8. I, being appointed the registered education and above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses or 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 Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Directors To be used for future around report notification) 10. E-mail Address: Station Caucas Officer of the Each Officer and/or Director or Interest and Interest and Interest and Interest and Interest of the Each Officer and/or Officer and/or Director or Interest and Interest and Interest and Interest and Interest application, the season for dissolution has been eliminated, the corporation are statisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owned by the corporation for a street of the Each Officer Carloty, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under odth. SIGNATURE: Statisfies Agent Statisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees to the corporation of the Each Officer Carloty that when the same legal effect as if made under odth. SIGNATURE: Statisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees to the corporation and the odth. SIGNATURE: Statisfies the requirements of section 607.0	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		The \$600.00 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	
Titles Officers and/or Directors Officer and/or Directors Officer and/or Director Officer and/or Direc	8. 1, being appointed the registered eigent 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 Date			
Officer and/or Director Officer and/or Direct	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
REINSTATEMEN 10. E-mail Address: Sender Greens Dahr com (To be used for future armust report notification) 11. 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 peakon for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees one observed thave been peak. I further certify, 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: Suffer future for the corporation was a suffer for the corporation for the corporati		Officer and/or Director	City / State / ZIp	
10. E-mail Address: State Greens Value Com (To be used for future amust report notification) 11. 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. I further certify, 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: \$\int_{\text{SIGNATURE:}} \text{Target of the corporation for the peace of the corporation indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	Owner Stanten Govens	2946 Cord Spring D Cord Spring FX 3.		
(To be used for future amual report notification) 11. 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 peason 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 corporator varies been paid. I further certify, 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: 5/5/0/754-364-3336	REINSTATEMENT RH			
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