


CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG 10 AM 11:30

DOCUMENT # P06000046726			
1. Entity Name Extreme Blue Pools Inc.			
Principal Place of Business 10822 Cypress Glen Dr		Mailing Address COAL SPRINGS FL 33071	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4605896		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTHA M. BRZOWSKI 10822 Cypress Glen Dr COAL SPRINGS FL 33071		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARTHA M BRZOWSKI <input type="checkbox"/> Delete 10822 Cypress Glen Dr COAL SPRINGS FL 33071	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700159425877 <input type="checkbox"/> Change <input type="checkbox"/> Addition 08/10/09--01046--016 **300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RAUL M. DAVILA <input checked="" type="checkbox"/> Delete 10822 Cypress Glen Dr COAL SPRINGS FL 33071	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: _____		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

KS

REINSTATEMENT 08-09

EXTREME BLUE POOLS INC
10822 CYPRESS GLEN DR
CORAL SPRINGS FL 33071

JULY 27, 2009

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: EXTREME BLUE POOLS INC P06000046726 year 2008-2009

Dear Sir or Madam:


Please be advised that the above mentioned uniform business reports were never Received for timely submission.

Therefore, we are requesting that the delinquent fees be waive, and that the Corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00 per year.

Please advise.

Thank you for prompt attention to the above mentioned matter.

Sincerely,


Martha M. Brzowski
President

MB/aj