

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000028831

**FILED**  
**Dec 24, 2013**  
**Secretary of State**

**Entity Name:** SPARKLING POOL CARE COMPANY, INC.

**Current Principal Place of Business:**

2806 PEMBROOK DRIVE  
ORLANDO, FL 32810

**New Principal Place of Business:**

8513 FOREST CITY RD.  
ORLANDO, FL 32810

**Current Mailing Address:**

2806 PEMBROOK DRIVE  
ORLANDO, FL 32810

**New Mailing Address:**

8513 FOREST CITY RD.  
ORLANDO, FL 32810

**FEI Number:** 45-4980507

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BOURCIER, TRAVIS ANTHONY  
2806 PEMBROOK DRIVE  
ORLANDO, FL 32810 US

**Name and Address of New Registered Agent:**

BOURCIER, TRAVIS A  
2806 PEMBROOK DRIVE  
ORLANDO, FL 32810 US

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.

SIGNATURE: TRAVIS A. BOURCIER

12/24/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: BOURCIER, TRAVIS A  
Address: 2806 PEMBROOK DRIVE  
City-St-Zip: ORLANDO, FL 32810

Title: COO  
Name: BOURCIER, ANTHONY M  
Address: 3607 NEEDLES DR.  
City-St-Zip: ORLANDO, FL 32810

Title: CFO  
Name: ADAMS, REBECCA L  
Address: 3607 NEEDLES DR.  
City-St-Zip: ORLANDO, FL 32810

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRAVIS A. BOURCIER

CEO

12/24/2013

Electronic Signature of Signing Officer or Director

Date