PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000014854

1. Corporation Name
Swann Pools, Inc.

REINSTATEMENT AB 01-02

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 5245 Gulf Breeze Pkwy | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Gulf Breeze FL | City & State: [illegible] 32563 |
| Zip: 32563 Country: Santa Rosa | Zip: Country: |

4. Date Incorporated or Qualified To Do Business in Florida: 92 ?

5. FEI Number: 59-3157022 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $7.75 Additional for Certified Copy

7. Name and Address of Current Registered Agent

Name: Anthony DeBenedetto

200004880232--4
-02/05/02--01044--002
****900.00 ****900.00

Street Address (P.O. Box Number is Not Acceptable): 5053 Ring Rose Ct

Suite, Apt. #, Etc.:

City: Gulf Breeze | State: FL | Zip Code: 32563

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: [signature] Date: 1/24/01
REGISTERED AGENT MUST SIGN

CR2E3an (6/01)

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 |
|---|---|---|---|
| Pres | Anthony DeBenedetto | 5053 Ring Rose Ct | Gulf Breeze FL 32563 |
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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 under section 119.07(3)(i), 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: [signature] 1/24/01 850 932-3380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AB