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07 JUN 27 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000010975

1. Corporation Name

CONCH POOL, INC.

REINSTATEMENT

CR2E081 (12/05) 06.07

2. Principal Office Address	3. Mailing Office Address
28388 County Rd	28388 County Rd
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Summerland Key, Fl	City & State: Summerland Key, FL
Zip: 33042 Country: USA	Zip: 33042 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/5/1993

5. FEI Number: 650395428 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Amanda Roath As its agent Date: 06-22-07

REGISTERED AGENT MUST SIGN

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
PD	Ronald L. Barton	28388 County Rd	Summerland Key, Fl
SID	Loretta L. Barton	28388 County Rd	Summerland Key, Fl

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: Ronald L. Barton 6/26/07 305 872 0078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attached JUN 27 2007

2082

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

CONCH POOL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

Amanda Roath 969695

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