PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 25 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 93000048428

REINSTATEMENT 99-05

T. Roberts OCT 28 2005

CR2E081 (8/05)

1. Corporation Name

Price Pools, Inc.

2. Principal Office Address	3. Mailing Office Address
16727 77th LN.N.	16727 77th LN.N.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Loxahatchee, FL	City & State: Loxahatchee, FL
Zip: 33470 Country: Palm Beach	Zip: 33470 Country: Palm Beach

4. Date Incorporated or Qualified To Do Business In Florida: 9-28-2005

5. FEI Number: 32-0160756 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75

7. Name and Address of Current Registered Agent

Name: Elizabeth A. Price

Street Address (P.O. Box Number is Not Acceptable): 16727 77th Lane N.

Suite, Apt. #, Etc. —

City: Loxahatchee | State: FL | Zip Code: 33470

10/25/05--01071--001 ** 658.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Elizabeth A Price — REGISTERED AGENT MUST SIGN — Date: 9-28-2005

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Robert G. Price	16727 77th LN. N.	Loxahatchee, FL 33470
V	Elizabeth A. Price	16727 77th LN. N.	Loxahatchee, FL 33470

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: Robert G. Price — 9-28-05 — 561-792-9006

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