PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -9 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000032314

1. Corporation Name

COLBURY POOLS INC

REINSTATEMENT 03-04

600028414216
02/09/04--01057--002 **900.00

2. Principal Office Address	**3.** Mailing Office Address
2824 W Dunnellon Rd	2824 W. Dunnellon Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dunnellon FLORIDA	City & State: DUNNELLON FLORIDA
Zip 34433 Country USA	Zip 34433 Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida 04/08/1996

5. FEI Number 593378658 ☐ 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: WALTER E. CLAWSON

Street Address (P.O. Box Number is Not Acceptable): 6812 N. TRAM RD

Suite, Apt. #, Etc.:

City: HERNANDO | State: FL | Zip Code: 34442

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 Walter E Clawson Date 01/30/04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P	EDWARD CLAWSON	6812 N TRAM RD.	HERNANDO, FL. 34442

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: Walter E Clawson 01/30/04 352 465 3611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #