


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		DEPARTMENT OF STATE DIVISION OF CORPORATIONS
DOCUMENT # <u>990000011145</u>		
1. Corporation Name <u>RSUPools, Inc.</u>		
2. Principal Office Address <u>115 NE 9 Ave</u> Suite, Apt. #, etc.	3. Mailing Office Address <u>Same</u> Suite, Apt. #, etc.	
City & State <u>Cape Coral FL</u>	City & State <u>Cape Coral FL</u>	
Zip <u>33909</u>	Country <u>U.S.A.</u>	Zip <u>33909</u>

FILED
01 NOV 26 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

67/20100 01100/013 \$4600

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <u>650788333</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>Randall S Vawter</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>4623 SW 8 PL</u>	
Suite, Apt. #, Etc. <u>#6</u>	
City <u>Cape Coral</u>	State <u>FL</u>
Zip Code <u>33914</u>	

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12/13/01 01078 014
****300.00 ****300.00

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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 <u>Randall S Vawter</u>	Date <u>11-19-01</u>

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	Randall Vawter	4623 SW 8 PL #6	Cape Coral FL 33914
Sec	Daniel Colleti	115 NE 9 Ave	Cape Coral FL 33909

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: <u>Randall S Vawter</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Randall Vawter</u>	Date <u>11-19-01</u>	Daytime Phone # <u>941 770 2194</u>
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