PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 NOV 10 AM 10: 1:3 579299 DOCUMENT # SECRETARY OF STATE TALLAHASSEE FLORIDA CLEAR POOL Services, INC. PERFECTLY Principal Place of Business 4673 CENTURIAN CIRCLE REINSTATEMENT 95-97 If above addresses are incorrect in any way, line through incorrect information and enter correction below New Principal Office Address, If Applicable 821 6th Ave Weet 4 New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified 9/11/9/ To Do Business in Florida Suite, Apt. #. etc Suite, Apt. #, etc. 5. FEI Number 65-0288805 Applied For Not Applicable F-CorunA \$8.75 Additional Fee required for a Certificate of Status ^{Zip}33420 CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each 3 (Do NOT Use Post Office Box Numbers)

//O 24 WIND Flower DR. City / State / Zip Title(s) PACE BEACH GRANN F1 33418
14024 WIND FloWER DIZ PALM BEACH CRATTENS 100002347451--2 -11/14/97--01063--011 ***1080.00 *******1080.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent ALAN SILVERSKIN FICINGS, INC. 3732 NW 1645+ US AWY ONE Ft. (ALDERDALE, FL. 33311. NORTH PACE BEACH 10. I, being appointed the registered agent of the above parted apporation, a pramiliar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. (See other side for information on intangible tax.) Nol 12. 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. DIRECTOR 10/30/97 561-775-3066

Dale Daytime Phone #