

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV 18 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 431166

1. Corporation Name  
POOLEY ENTERPRISES, INC.

Principal Place of Business      Mailing Address  
7366 SPARKLING LAKE ROAD  
ORLANDO, FL 32819

REINSTATEMENT 90-911

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida  
JULY 23, 1973

5. FEI Number  
59-3177471

6. CERTIFICATE OF STATUS DESIRED

Applied For  
Not Applicable

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/O	RICHARD POOLEY	7366 SPARKLING LAKE RD	ORLANDO, FL 32819
S/T	WANON POOLEY	7366 SPARKLING LAKE RD	ORLANDO, FL 32819
V	KEITH FRANKS	113 W. CEDAR WOOD CIR.	KISSIMEE, FL 34743

300082010703-0  
-11/21/96--01019--026  
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JB 11-19-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICHARD POOLEY 7366 SPARKLING LAKE ROAD ORLANDO, FL 32819		Name SHWE	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City FL	State FL
		Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent: Richard Pooley      Date: Nov 15, 1996  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: RICHARD POOLEY      Date: Nov 15, 1996      Daytime Phone: (407) 363-0394  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR