

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 00 JAN 12 PM 1:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # M35979

1. Corporation Name
 THE GREAT ESCAPE POOLS & SPAS, INC.

Principal Place of Business Mailing Address
 c/o Mendoza and Callas c/o Mendoza and Callas
 251 Royal Palm Way, Ste 602 251 Royal Palm Way, Ste 602
 P. O. Box 2715 P. O. Box 2715
 Palm Beach, FL 33480 Palm Beach, FL 33480

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

REINSTATEMENT *97-2000*

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/30/1986	
City & State		City & State		5. FEI Number	
Zip		Zip		59-271229	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					

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
PD	ATKINSON, JAMES J.	2104 Lake Bass Circle	LAKE WORTH, FL 33461
VP/T/S/D	ATKINSON, CYNTHIA A.	2104 Lake Bass Circle	LAKE WORTH, FL 33461

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Mendoza, Callas and Schilling		Name LS Franklin G. Callas	
251 Royal Palm Way		Street Address (P.O. Box Number is Not Acceptable) c/o Mendoza and Callas	
Palm Beach, FL 33480		Suite, Apt. #, Etc. 251 Royal Palm Way, Suite 602	
		City Palm Beach	
		State FL	
		Zip Code 33480	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: *Franklin G. Callas*
 Franklin G. Callas REGISTERED AGENT MUST SIGN
 Date: *January 19, 2000*

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

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.

SIGNATURE: *Cynthia A. Atkinson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 CYNTHIA A. ATKINSON, Vice President
 Date: *1/07/2000*
 Daytime Phone #: (561) 586-0155

CR2E081(1/2/98)