

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

99 MAY 17 PM 3:15

FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000081116

1. Corporation Name
 Pool Coatings, INC. W99-0528

Principal Place of Business Mailing Address
 186 Hemming Way
 Boynton Beach, FL 33426

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

REINSTATEMENT 97-99

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.		9/96	
City & State		City & State		5. FEI Number	
Zip		Country		65-0698536	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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
P	Robert Colavito	186 Hemming Way	Boynton Beach / FL / 33426
VP	ARSAN ALLIAS	184 Hemming Way	Boynton Beach / FL / 33426

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 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

~~Pool Coatings, Inc.~~
~~186 Hemming Way~~

9. Name and Address of New Registered Agent

Name Robert Colavito
 Street Address (P.O. Box Number is Not Acceptable) 186 Hemming Way
 Suite, Apt #, Etc.
 City Boynton Beach State FL Zip Code 33426

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 REGISTERED AGENT MUST SIGN Date 3/8/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No

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: Robert Colavito 3/8/99 (561) 740-1795
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (2-96)