PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

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| DR #010N 05 | 00000 | |
| DIVISION OF | CORPU | JK-ATIONS |

| DOC | JMEN | JT # |
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625984

1. Corporation Name

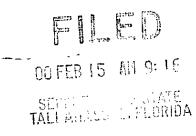
THOMPSON BROS. POOL FINISHERS, INC.

Principal Place of Business

Mailing Address

9903-59TH AVENUE NORTH ST. PETERSBURG FL 33708 9903-59TH AVENUE NORTH

ST. PETERSBURG FL 33708





| If above a | ddresses are in | correct in any way. line th | arough incorrect in | nformation ar | nd enter correction below. | | | | | |
|---|---------------------------------|--|---|---|---|---|--------------------------------|----------------|-------------|-----------------------------|
| If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mailir | | ng Office Address, If Applicable | | Date Incorporated or Qualified To Do Business in Florida 06/14/1979 | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, | | etc. | | 5. FEI Number 59-1915964 | | | Applied For | | | |
| City & State City & State | | | | | | | | Not Applicable | | |
| Zip Country Zip | | | Country | | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status | | | | | |
| 7. Names a | and Street Addr | esses of Each Officer an | d/or Director (Flo | rida nonprofi | it corporations must list at le | east 3 directors) | | | | |
| Name of Officers Title(s) and/or Directors | | | 3 | Street Address of Each Officer and/or Director City / State / Zip 4 | | | | | | |
| STD THOMPSON, SAMUEL R. | | 9903 591 | 9903 59TH AVENUE NORTH | | ST PETERSBURG FL | | | | | |
| | | | | | | 01 | 00003:1 -02/18/0 ****900 | 40 ! | 531 1105 | <u>01</u> 016 ∗900.00 |
| | | | | | FENST! | TE WE | 11 44- (| | 1 | S |
| | 8. Name | and Address of Curren | t Registered Age | ent | 1 | 9. Name and Address of New Registered Agent | | | | |
| THOMPSON, SAMUEL R. 9903-59TH AVENUE NORTH ST. PETERSBURG 33708 | | | Street Address | Name -Street Address (P.O. Box Number is Not Acceptable) -Suite, Apt. #, Etc. City State FL | | | | | | |
| 10. I, being Signature o Registered | f | with the | bove named corporation | RE | amiliar with and accept the QUIRED SIGN | obligations of Secti | Date | <u> </u> | 2 | 000 |
| this rein owed by | statement apply the corporation | ication, the reason for dis n have been paid and th | solution has been e names of individ | ı eliminated, Iuals listed o | execute this application as the corporate name satisfie in this form do not qualify fo legal effect as if made und | es the requirements or an exemption un | i of section 607.0401 o | r 617.04 | 01, F.S., | , that all fees |