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APPLICATION CONTROL DA DEPART EN OF ATTENTION DA DEPART EN OF ATTENTION DE LA LINE DE LA										\bigcirc
PEII	AIB	12 - 10 LO	DIV	VION OF	COMPOR	IATIONS		FILED		
DOCUMENT # L7012 Q							99 MAR - 1 AM 9: 47			
1. Corporation Name SUNRISE POOL SERVICES OF BOCA, INC.							SECRETARY OF STATE			
9762 Richmond cir. Boca Raton, FL 33434							IA	ILLAHASSEE, F	LORIDA	
Principal Place of Business Mailing Address							Ì			
SAME	AS AE	BOVE	SAME AS ABOVE							
If above a	ddresses are	incorrect in any way, line thr	ough incorrect in	formation a	nd enter o	correction below.				
New Principal Office Address, If Applicable 3. New Mailing C					ldress, If A	Applicable	4 Date Incorp	orated or Qualified tess in Florida	3/01/89	
Suite, Apt	, etc.	Suite, Apt. #, etc			5. FEI Number			oplied For		
City & State			City & State			65-0109069				of Applicable
Zip	Country		Zip	Country			CERTIFICATE OF STATUS DESIRED S8.75 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 teast 3 directors) Name of Officers Street Address of Each										
Title(s)	tle(s) Name of Officers and/or Directors			Oli 3 (Do NOT Us				4	City / State / Zip	
Р	Micha	9762 Richr			hmond cir	Boca Raton, F1. 33434			3434	
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	8. Nam	e and Address of Current I	Registered Ager	nt	1		9. Name and A	 Address of New Regis	stered Agent	
Michael Augeri										86/21
9762 Richmond cir. Street Addres							(P.O. Box Number is Not Acceptable)			
Boca Raton, F1 33434						Suite, Apt #, Etc.				
					ĺ	City			State Zip Code	
		registered agent of the abo	ve named corpor	ation, am fa	miliar with	h and accept the ob	ligations of Section		/ / ^ ^	
Signature of Registered /		but RE	GUSTERED AGE	NT MUST S	SIGN			Date 2/	24/99	
		ration owes the Personal Proper			30.	Yes	D No P		ther side for information intangible tax)	tion
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 filling 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 eath.										
SIGNATURE: SIGNATURE AND TYPED A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR AUGERI 3/34/99 853-9514 Date Daylime Phone #										

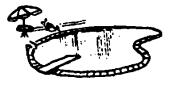
Sunrise Pool Services of Boca, Inc.

(2)

9762 Richmond Circle

Boca Raton, FL 33434

SEL (400) 852-9514



February 25, 1999

To whom it may concern:

I wish to reinstate my corporation and would like to have the fees waived. I have enclosed a check in the amount of \$1,065.00 to cover the annual report fees.

In December 1993 the corporation and myself had moved from the Deerfield Beach address (which you still have me listed at) to 9762 Richmond Circle in Boca Raton, FL 33434. I sent all the required forms for change of address and apparantely they never reached your office. In 1994 I spent over four months talking with Tallahassee and Palm Beach County because of a mixup after the address forms were sent in. Wheather it was the fact that somehow my corporation name had been changed (without my request) or the fact that my mailing address was changed and not my corporation address - it was a real hassle but I finally corrected all the changes. Apparantely your office was overlooked or missed. Recently I found out about this and would like to correct this immediately.

Your cooperation in this matter would be greatly appreciated. Thank you. If you have any questions please feel free to contact me.

Sincerely,

lichael Augeri

President