

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

F02000000795

1. Corporation Name

U.S. POOL ACQUISITION CORP.

**FILED**  
03 DEC 12 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

03

<b>2. Principal Office Address</b> 2275 S. Federal Highway Suite, Apt. #, etc. Suite 230 City & State Delray Beach, Florida Zip 33483 Country USA		<b>3. Mailing Office Address</b> 2275 S. Federal Highway Suite, Apt. #, etc. Suite 230 City & State Delray Beach, Florida Zip 33483 Country USA	
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<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 02/13/2002	
<b>5. FEI Number</b> 58-2656931	Applied For Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

**7. Name and Address of Current Registered Agent**

<b>Name</b> HRAWG CORP.		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1801 N. Military Trail		
<b>Suite, Apt. #, Etc.</b> Suite 200		
<b>City</b> Boca Raton,	<b>State</b> FL	<b>Zip Code</b> 33431

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Larry Corra*

REGISTERED AGENT MUST SIGN

Date *Dec 10, 2003*

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Rick Andron	2275 S. Federal Highway; Suite 230	Delray Beach, FL 33483
S/T/D	Hal Goldstein	40 West 57th Street	New York, NY 10019

10. 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:

*Paul J. Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*12/10/03*  
Date

*561-417-7000*  
Daytime Phone #



# U.S. POOL

*Florida's Largest Full Service Pool Care Company*

December 9, 2003

**VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Dear Sir/Madame:

Re: U.S. Pool Acquisition Corp. (the "Corporation")

Please be advised that I did not receive the 2003 Uniform Business Report from your office because the Corporation's mailing address had changed. Consequently, the Corporation was administratively dissolved with the Division of Corporations.

I respectfully request that the penalty fee to reinstate the Corporation be waived due to the circumstances described above. Enclosed is the completed corporation reinstatement application for the Corporation, including a check totaling in the amount of \$158.75 (\$150.00 for the year 2003 and \$8.75 for a Certificate of Status) made payable to the Florida Department of State to bring the Corporation back to good standing with the Department.

Your cooperation is greatly appreciated in this matter.

Very truly yours,

Rick Andron,

President

Enclosures