|                                                                                                                                                                                           | ~                                        |                                                                                                    |                                                 |                                                              |                                                                                                                                                                                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| APPLICATION 8                                                                                                                                                                             |                                          | TRUCTIONS<br>DA DEPARTME<br>Sandra B. Mo<br>Secretary of S                                         | NT OF STATE                                     |                                                              | TING THIS FORM.                                                                                                                                                                  |  |
| REINSTATEMENT                                                                                                                                                                             |                                          | ISION OF CORPORATIONS                                                                              |                                                 | FILED                                                        |                                                                                                                                                                                  |  |
| DOCUMENT # $F 13693$ (9)                                                                                                                                                                  |                                          |                                                                                                    | 98 APR 27 PH 12: 12                             |                                                              |                                                                                                                                                                                  |  |
| 1. Corporation Name<br>MARCO POOL & SOLAR CENTER, INC.                                                                                                                                    |                                          |                                                                                                    |                                                 | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA                   |                                                                                                                                                                                  |  |
| Principal Place of Business<br>761 ELECAM CHRCLE EAS<br>MARCO ISLAND, FL 341<br>US<br>If above addresses are incorrect in any way. line<br>2. New Principal Office Address, II Applicable | nformation and enter correction below.   |                                                                                                    |                                                 | 000025090712<br>-05/04/9801008018<br>*****908.75 *****908.75 |                                                                                                                                                                                  |  |
| New Principal Onice Address, in Applicable     3. New Mail       Suite, Apt. #, etc.     Suite, Apt. #                                                                                    |                                          |                                                                                                    |                                                 | 4. Date Incor<br>To Do Bus                                   | porated or Qualified<br>siness in Florida 01/01/81                                                                                                                               |  |
| Sity & State City & State                                                                                                                                                                 |                                          |                                                                                                    |                                                 | 5. FEI Numb                                                  | er Applied For Applied For Not Applicable                                                                                                                                        |  |
| Zip Country                                                                                                                                                                               | Zip                                      | Country                                                                                            |                                                 | 6.                                                           | S8.75 Additional Fee required                                                                                                                                                    |  |
| 7. Names and Streel Addresses of Each Officer a                                                                                                                                           | nd/or Director (Fi                       | orida nonprofit corpora                                                                            | ations must list at lea                         | L                                                            | Te of STATUS DESIRED for a Cerlificate of Status                                                                                                                                 |  |
| Tilie(s), 2<br>PT. TIMOTHY P. O'NE                                                                                                                                                        | ·                                        | Street Address of Ea<br>Officer and/or Direct<br>3 (Do NOT Use Post Office Box<br>1405 BUTTERFIELD |                                                 | lumbers)                                                     | 4 City / State / Zip<br>MAACO ISLAND, FL 34145                                                                                                                                   |  |
| VP PETER L. D'NEILL                                                                                                                                                                       |                                          | 1405 BUTTERFIELD COURT                                                                             |                                                 | LOURT                                                        | MARCO ISLAND, FL 34145                                                                                                                                                           |  |
| 5 THOMAS NEWTON                                                                                                                                                                           |                                          | 1324 ROSEMARY LANE                                                                                 |                                                 |                                                              | NAPLES, FL 34103                                                                                                                                                                 |  |
|                                                                                                                                                                                           |                                          |                                                                                                    | RI                                              | EINST                                                        | ATEMENT 97 - 280 H8                                                                                                                                                              |  |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                     | ·                                        |                                                                                                    |                                                 |                                                              |                                                                                                                                                                                  |  |
| B. Name and Address of Current Registered Agent Name Name                                                                                                                                 |                                          |                                                                                                    | Name                                            | 9. Name and                                                  | Address of New Registered Agent                                                                                                                                                  |  |
| WILLIAM D. KRAMER<br>1838 40TH TERRACE SW                                                                                                                                                 |                                          |                                                                                                    | Street Address (P                               | et Address (P.O. Box Number is Not Acceptable)               |                                                                                                                                                                                  |  |
| NAPLES, FL 34116                                                                                                                                                                          |                                          | Suite, Apl. #, Etc.                                                                                |                                                 |                                                              |                                                                                                                                                                                  |  |
|                                                                                                                                                                                           |                                          |                                                                                                    | City                                            |                                                              | State Zip Code                                                                                                                                                                   |  |
| 0. I, being appointed the egistered agent of the a<br>Signature of<br>Ageistered Agent _ Mullismi D .                                                                                     |                                          |                                                                                                    | th and accept the ob                            | bligations of Sec                                            | tion 607.0505, F.S.<br>Date 4/23/98                                                                                                                                              |  |
| 11. This corporation owes or<br>Intangible Personal Prope                                                                                                                                 | has paid th<br>erty tax due              | e current yea<br>June 30.                                                                          | ar<br>Yes 🗖                                     | No                                                           | (See other side for information<br>on intangible tax.)                                                                                                                           |  |
| this reinstatement application, the reason for dis                                                                                                                                        | ssolution has been<br>e names of individ | eliminated, the corpo<br>duals listed on this for                                                  | rate name satisfies t<br>n do not qualify for a | the requirements<br>an exemption un                          | apter 607 or 617, F.S. I further certify that when filing<br>s of section 607,0401 or 617,0401, F.S., that all fees<br>ider section 119.07(3)(i), F.S. The information indicated |  |
| SIGNATURE: SIGNATURE AND TYPED OR F                                                                                                                                                       | PRINTED NAME OF                          | SIGNING OFFICER OR E                                                                               | P DIRECTOR PRESI                                | Neil(                                                        | 4/22/98 941-394-5946<br>Date Daytime Phone #                                                                                                                                     |  |

1

-----

÷. P

The second second

10.0