PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

[redacted]
FOR
[redacted]

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN -7 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G88491**

1. Corporation Name

A & W POOL SERVICE, INC.

Principal Place of Business	Mailing Address
334 EAST LAKE ROAD SUITE #312 PALM HARBOR FL 34685 US	334 EAST LAKE ROAD SUITE #312 PALM HARBOR FL 34685 US

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/01/1984

5. FEI Number: 59-2380018 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	STANDIFORD, ALAN H	334 EAST LAKE ROAD #312	PALM HARBOR FL 34685
DST	STANDIFORD, DIANE W	334 EAST LAKE ROAD #312	PALM HARBOR FL 34685
DVP	STANDIFORD, TIMOTHY A	334 EAST LAKE RD #312	PALM HARBOR FL 34685

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01/07/04--01034--004 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
STANDIFORD, ALAN H 334 EAST LAKE ROAD #312 PALM HARBOR FL 34685	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 12-28-03
REGISTERED AGENT MUST SIGN

11. 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: [signature] PRESIDENT 12-28-03 (727)7867667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To: Dept of State
Tallahassee, FL
From: A&W Pool Service
334 Eastlake Rd #312
Palm Harbor, FL 34685
Subj: Non-receipt of UBR info

Per the enclosed packet of information, I am requesting that you waive the reinstatement fee as I did not receive the appropriate UBR forms. Please review my prior history regarding this form which indicates these forms have been mailed in a timely manner. Enclosed find my check for $150.00 to file this report without penalty. If, after reviewing my information, you should decide a reinstatement penalty is assessed, please notify me at that time. Thank you for your consideration.

Sincerely,

Alan H. Standiford
President