

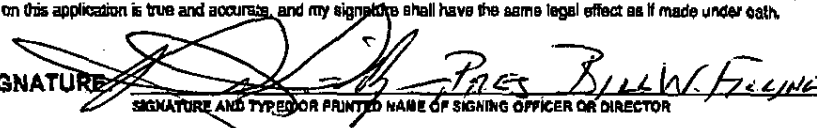


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M19312			
1. Corporation Name PROTECT-A-CHILD POOL-FENCE SYSTEMS, INC.			
2. Principal Office Address 1791 BLOUNT RD. Suite, Apt. #, etc. #907 City & State POMPANO BEACH, FL Zip 33069-5117 Country USA		3. Mailing Office Address 5121 NE 30TH AVENUE Suite, Apt. #, etc. City & State LIGHTHOUSE POINT, FL Zip 33064 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 08/12/1985		5. FEI Number 59-2704362 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name BILL W. FILLINGAME			
Street Address (P.O. Box Number is Not Acceptable) 5121 NE 30TH AVENUE			
Suite, Apt. #, Etc.			
City LIGHTHOUSE POINT, FL		State FL	Zip Code 33064
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 		Date OCTOBER 7, 2003	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	BILL W. FILLINGAME	5121 NE 30TH AVENUE	LIGHTHOUSE POINT, FL 33064
DVP	DONALD L. COPPEDGE	3551 SE LEONARD LANE	STUART, FL 34997
DS	BIRGIT FILLINGAME	5121 NE 30TH AVENUE	LIGHTHOUSE POINT, FL 33064
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)(f), 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 		Date 10/7/2003	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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CITE081 (10/02)

PROTECT-A-CHILD POOL-FENCE SYSTEMS, INC.

***5121 North East 30th Avenue
Lighthouse Point, Florida 33064
Telephone: (954) 428-5441
Facsimile: (954) 725-8555***

October 7, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

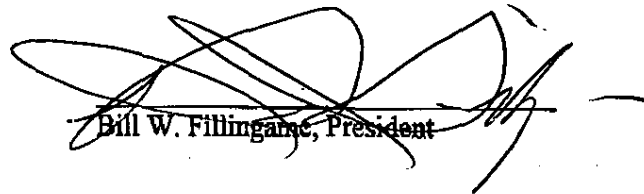
Re: Protect-A-Child Pool-Fence Systems, Inc.
Document No. M19312

Dear Sir or Madam:

Enclosed is the Corporation Reinstatement for Protect-A-Child Pool-Fence Systems, Inc.
(the "Company").

We hereby request waiver of the reinstatement late fees due to the fact that your records reflect the mailing address incorrectly. We have attached a copy of the 1996 Annual Report to this correspondence for your reference, where the address was changed.

Very truly yours,


Bill W. Fillingame, President