


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000066717		
1. Entity Name G & G POOL SERVICES, INC.		

FILED
05 JUL -7 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1605 MAIN STREET, SUITE 1001 SARASOTA, FL 34236	Mailing Address 1605 MAIN STREET, SUITE 1001 SARASOTA, FL 34236
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2. Principal Place of Business 6437 Otis Road	3. Mailing Address 6437 Otis Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07062005 REIN-P CR2E098 (6/04)

City & State North Port, Florida	City & State North Port, Florida	4. FEI Number 65-1119278	Applied For Not Applicable
Zip 34287	Country U.S.A.	Zip 34287	Country U.S.A.

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOLDSMITH, STANLEY A 1605 MAIN STREET, SUITE 1001 SARASOTA, FL 34236

7. Name and Address of New Registered Agent Name Armando F. Mizio Street Address (P.O. Box Number is Not Acceptable) 25400 U.S. Hwy 19 North - Suite 210 City Clearwater FL Zip Code 33763

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Armando F. Mizio 07/06/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPAT BRANNER, GEORGE 1605 MAIN STREET, SUITE 1001 SARASOTA, FL 34236 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVSA PIROT, GERARD 6100-B PALMER BLVD SARASOTA, FL 34232 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST George R. Branner, II 6437 Otis Road North Port, Florida 34287 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 07/07/05--01038--001 ***308.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George R. Branner, II George R. Branner, II 07/06/05 (941) 266-2312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #