

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 UBR
CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000083214

1. Corporation Name

Island Fiberglass Pools & Marine Division, Inc.
7018 C. North Lecanto Hwy
PO Box 278
Holder FL 34445

2. Principal Office Address

7018 C North Lecanto Hwy

Suite, Apt. #, etc.

City & State

Holder FL

Zip

34445

Country

USA

3. Mailing Office Address

PO Box 278

Suite, Apt. #, etc.

City & State

Holder FL

Zip

34445

Country

USA

600023738706
10/13/03--01001--007 **150.00

AL 10/13/03-

4. Date Incorporated or Qualified
To Do Business in Florida

-21-
8-01

5. FEI Number

59-3741958

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Val Bailey

Street Address (P.O. Box Number is Not Acceptable)

7018 C North Lecanto Hwy

Suite, Apt. #, Etc.

City

Holder

State

FL

Zip Code

34445

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

Val

Date 10/6/03

REGISTERED AGENT MUST SIGN

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
President	Val Bailey	524 N. Dunkenfield Ave	Crystal River FL 34429
V.Pres	Joe T. Bailey	9215 E Windowood LP	Inverness FL 34450

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:

Val

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/03

Date

352-489-7333

Daytime Phone #

CR2E081 (10/02)

**ISLAND FIBERGLASS POOLS
7018 C NORTH LECANTO HWY // PO BOX 278
HOLDER, FL 34445
PH: 352-489-7333 // 800-780-0845
FAX: 352-489-5515**

October 6th, 2003

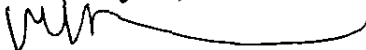
To Whom It May Concern:

Please note we never received the paperwork to mail in the fee for Island Fiberglass Pools. The address on file with the state is incorrect. Island Fiberglass Pools has been at the same location since its existence in 8-01 which is 7018 C North Lecanto Hwy Holder FL 34445.

Please waive the reinstatement fee and process this paperwork.

We appreciate your understanding on this matter.

Thank you,



**Val Bailey
President
I.F.P.**