PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 03 OCT 10 AH 9: 17
DOCUMENT # POLOO	2003 216)
DOCOMENT # POLOG	00.02012	SECRETARY OF STATE
1. Corporation Name		TALL AHASSEE, ELORIOA
TSIAND Finerala	0083214 155 Pools #Marine Divis 195	YON, TAIN
Dala C. North ged	anto Hwy	72.30,
Po Box 208	•	
HOIDER FL 340	445	
		
2. Principal Office Address	3. Mailing Office Address	∬ 600023738706 10/13/0301001007 **150.00
2018 C NOMEN Leccento Huy	10 130× 918	al 10/13/03-
Suite, Apt. #, etc.	Suite, Apt. #, etc.	W010 1/3/02-
		4. Date Incorporated or Qualified -21-
City & State	City & State	To Do Business in Florida
		5. FEI Number Applied For
HOIDER FL	HOIDER FL 3	59-374-1-9-5-8 Not Applicable
Zip Country	34445 Country USA	6.
34445 USA	34445 USA	CERTIFICATE OF STATUS DESIRED (for a Certificate of Status)
	7. Name and Address of Current Registe	red Agent
Name	ra Hante and Address of Carlott Hagisto	
1/01/15	vailed	·
Street Address (P.O. Box Number is Not Acceptable) ONS C North Lecando Hwy		
Suite, Apt. #, Etc.	OUT THE DOCUMENT	~~ /
Sale, Apr. W. Ele.		
City		State Zip Code
Holler		FL 34445
	re named corporation, am familiar with and accept the c	=
os 1, seing appointed the registered agent of the above	re named corporation, and laminal with and accept the c	bligations of section 607.0000 of 617.0003, F.S.
Signature of		Date 10/6/03
Registered Agent		
	GISTERED AGENT MUST SIGN	,
RE	GISTERED AGENT MUST SIGN	·
RE	GISTERED AGENT MUST SIGN /or Director (Florida nonprofit corporations must list at le	east 3 directors)
9. Names and Street Addresses of Each Officer and Titles Name of	/or Director (Florida nonprofit corporations must list at le	h City / State / 7in
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9. Names and Street Addresses of Each Officer and Titles Name of Officers and/or Directors	/or Director (Florida nonprofit corporations must list at le Street Address of Eac Officer and/or Directo	City / State / Zip
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9. Names and Street Addresses of Each Officer and Titles Name of Officers and/or Directors President Val Bailey V. Pres Soe T. Bailey	Say N. Ounkenfi	City/State/Zip EID Ave Crystuf River FZ 34439 DLP Inverness FL 34450
9. Names and Street Addresses of Each Officer and Titles Name of Officers and/or Directors Name of Officers and/or Dire	Say N. Dunkenfi 9als E Windwood ver or trustee empowered to execute this application as plution has been eliminated, the corporate name satisfier	City / State / Zip CID Ave Crystuf River F2 34439 Chystuf River F2 34450
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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.