## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

## P01000118962 **DOCUMENT #**

1. Corporation Name

G & P POOL SERVICES INC.

Principal Place of Business

Mailing Address

11110 W OAKLAND PARK BLVD. #266 SUNRISE FL 33351-6808

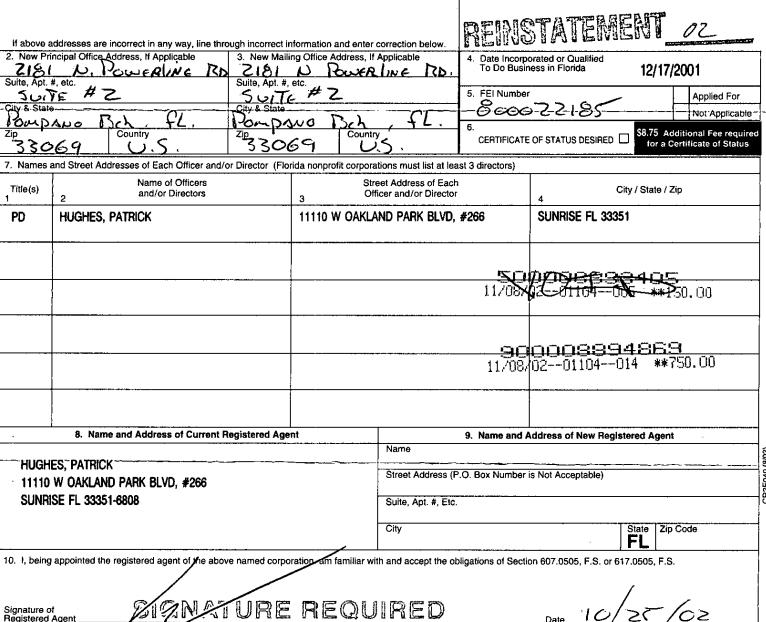
11110 W OAKLAND PARK BLVD. #266

SUNRISE FL 33351-6808

FILED

02 NOV -8 AM 11: 18

SECRETARY OF STATE TALLAHASSEE FLORIDA



11. I certify that I am ap efficer or director or the receives 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

SIGNATURE:

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.