PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P02000122149

1. Corporation Name

PUNTA GORDA POOLS & SPAS, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

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PO BOX 494021

PORT CHARLOTTE FL 33949

FILED

03 OCT 31 PM I2: 31

SECRETARY OF STATE FALLAHASSEE FLORIDA



941-628-032

If above a	ddresses are incorrect in any way, lin				REINS	STATEMENT	03
New Principal Office Address, If Applicable Beachcomber Lane		3. New Mai	New Mailing Office Address, If Applicable		4. Date incorporated or Qualified To Do Business in Florida 11/15/2002		
Suite, Apt. #, etc. Suite, Apt. # City & State Englewood, FL City & State			·		5. FEI Number		Applied For Not Applicable
	and Street Addresses of Each Officer	and/or Director (FI	orida nonpro	fit corporations must list at le	ast 3 directors)		
Title(s)	Name of Officers and/or Directors 3		Street Address of Eac Officer and/or Directo		City / State / Zip		
D	CONWAY, EVELYN W PO BOX 494			494021		PORT CHARLOTTE FL 33949	
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		· · · · · · · ·		-	10/317	DO2432984 3-01028-008 **	150.00
	8. Name and Address of Cur	rent Registered Ac	rent		9 Name and	Address of New Registered Age	ent
8. Name and Address of Current Registered Agent N				Name			
DOERR, KENNETH D			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
240 S. PINEAPPLE AVENUE 10TH FLOOR SARASOTA FL 34236			Suite, Apt. #, Etc.				
				City	City State Zip Code FL		
10. I, bein	g appointed the registered agent of the	e above named corp	poration, am	familiar with and accept the	obligations of Sect	ion 607.0505, F.S. or 617.0505, F	s .
Signature Registered	of Agent Agent	MEGISTERED A) GENT MUS	T SIGN		Date	
11. I certify	that I am an officer or director or the	receiver or trustee	empowered t	o execute this application as	provided for in ch	apter 607 or 617, F.S. I further cer	rtify 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.



Mailing Address: P.O. Box 49948, Sarasota, FL 34230-6948

240 South Pineapple Avenue Sarasota, FL 34236 TEL 941-366-6660 FAX 941-366-3999

WWW.ABELBAND.COM

Kenneth D. Doerr

Writer's Direct Line: (941) 364-2784
Direct E-mail: kdoerr@abelband.com
Please refer to our file number: 11734-2

October 28, 2003

Division of Corporations Uniform Business Report P. O. Box 1500 Tallahassee, FL 32302-1500

Re: Punta Gorda Pools & Spas, Inc.

Dear Sir or Madam:

We are writing to request a waiver of the late fee in connection with the filing of the 2003 Uniform Business Report for Punta Gorda Pools & Spas, Inc.. The Corporation never received the Uniform Business Report due to an error in updating the mailing address of the Corporation. The current principal place of business is 40 Beachcomber Lane, Englewood, FL 34223 and mailing address should reflect P. O. Box 494021, Port Charlotte, FL 33949.

Enclosed please find for filing an original and duplicate 2003 Uniform Business Report for Punta Gorda Pools & Spas, Inc., together with a check in the amount of \$150.00.

Please return the date stamped copy of the Uniform Business Report to the undersigned in the enclosed envelope. Thank you for your assistance.

Very truly yours,

ABEL, BAND, RUSSELL, COLLIER, PITCHFORD & GORDON, CHARTERED

Kenneth D. Doerr

KDD:cej Enclosure

SARASOTA, FLORIDA

VENICE, FLORIDA

DENVER, COLORADO