

1042

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -5 AM 11:32

DOCUMENT # P03000110299

1. Corporation Name

Star Brite Pool Service, Inc.

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address

3111 Baldwin Ave

3. Mailing Office Address

3111 Baldwin Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

same

Zip

Country

34232

Sarasota

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/7/03

5. FEI Number

65-0568816

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

Todd A. Schook

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

3111 Baldwin Ave

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code

34232

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

Todd A. Schook

Date

4/27/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Todd A. Schook	3111 Baldwin Ave	Sarasota, FL 34232

200075268312
05/25/06--01018--001 ***450.00

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 contained in Chapter 119, 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:

Todd A. Schook

441-777-9698

Date

4/27/06

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2012

Star Brite Pool Service of Sarasota, Inc.

April 27, 2006

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314
RE: P03000110299 / FEIN#: 65-0568816

To Whom It May Concern:

Per my discussion with one of your representatives on **April 27, 2006**, who mentioned to me that if I in fact did not receive paperwork for the year of 2004 instructing me on the fact that my Corporation Title would be dissolved that the Reinstatement fee would be waived upon your acceptance of this letter.

This letter is to confirm that I, Todd Schook, President of Star Brite Pool Service, Inc. did not receive any re-instatement letter notifying me of the fact that my corporation title would be dissolved if the issue was not addressed immediately.

Therefore, I request that the **\$600.00** Reinstatement fee be waived in my case. I am submitting to the **Division of Corporations** the fee, which I am responsible for which is **\$450.00**.

I appreciate your prompt attention to this matter, should you have any questions, please feel free to contact me at 941.377.9698.

Thank you.

Sincere Regards,



Todd A. Schook
President
Star Brite Pool Service, Inc.