


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 NOV 27 AM 9:08

DOCUMENT # P03000115895

1. Corporation Name
Greimel's Oceania Pool and Spa
Supplies, Inc.

2. Principal Office Address 889 Barton Blvd.		3. Mailing Office Address 889 Barton Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Rockledge, FL		City & State Rockledge, FL	
Zip 32955	Country USA	Zip 32955	Country USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 10/17/2003

5. FEI Number 200312808

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 Emmeline Greimel

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

Suite, Apt. #, Etc.

City Rockledge

State FL Zip Code 32955

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 Emmeline Greimel

REGISTERED AGENT MUST SIGN

Date 11/22/06

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
P	Emmeline Greimel	889 Barton Blvd.	Rockledge, FL 32955
V	Peter Greimel	889 Barton Blvd.	Rockledge, FL 32955
T	Lela Johnson	888 Cardinal Ave.	Rockledge, FL 32955

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: Emmeline Greimel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/22/06

Daytime Phone # (321) 632-3700

20f2

Greimel's Oceania Pool and Spa Supplies, Inc
889 Barton Blvd.
Rockledge, FL 32955
November 22, 2006

Dear Sirs,

We did not receive annual report notices in the year of dissolution.
Perhaps it was because of the hurricanes. Enclosed you will find a check
covering the following reinstatement fees for document #P03000115895:

annual report 2005	\$61.25
annual report 2006	61.25
corporate supplemental fee 2006	88.75
corporate supplemental fee 2006	88.75
certificate of status fee	8.75
total of	<hr/> \$308.75

I apologies for the oversight on my part, but 2005 was a very stress full year for
all of us. Our business is still recovering, as much of our office records were ruined with
water.

Thank you,



Mrs. Emmeline Greimel