

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000128994

1. Corporation Name

ALL SAFE POOL OF SOUTH FLORIDA, INC.

2. Principal Office Address

1516 15TH AVE SOUTH

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

Zip

Country

Zip

Country

33460

FILED
05 DEC 20 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2005
[Handwritten Signature] 12/21

4. Date Incorporated or Qualified To Do Business in Florida		9/13/2004
5. FEI Number	Applied For	
41-2151037	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEPHEN SELVYN

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

1516 15TH AVE SOUTH

Suite, Apt. #, Etc.

300062291543
12/20/05 01035 006 **150.00

City

LAKE WORTH

State

FL

Zip Code

33460

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

12-7-05

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	STEPHEN SELVYN-PRESIDENT	1516 15TH AVE SOUTH	LAKE WORTH, FL 33460

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 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.

SIGNATURE:

[Handwritten Signature]

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7/2005

Date

561-667-0952

Daytime Phone #

2/2

Accounting Made "E-Z", Inc.

Bookkeeping - Accounting - Tax Planning & Preparation - Business Solutions - Consulting

3800 S. Hollywood Blvd, Suite 217 Hollywood, FL 33019

(954) 456-0470 Fax: (954) 456-0751

Email: adrian@accountingmadeez.com - Web Site: <http://www.AccountingMadeEZ.com>

December 8, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Reinstatement Division

Ref: Document #: 04000128994

All Safe Pool of South Florida, Inc.
1516 15th Ave South - Lake Worth, FL 33460
(561) 667-0952

Dear Sir or Madam:


We are paying \$150.00 for the annual fee for All Safe Pool of South Florida, Inc.

We would like to respectfully ask you to please reinstate the corporation and wave the \$400 penalty since All Safe Pools of S. Florida, Inc. did not receive the notice of the annual report due.

Also, This was the first year All Safe Pools of S. Florida, Inc operated as corporation, and was un-aware of the filing requirements, which now they are familiar with.

We apologize for any inconvenience this has caused and would like to thank you ahead of time.

Sincerely,



Adrian Mulko
Accounting Made EZ, Inc.