

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLY FOR REINSTATEMENT OF FLORIDA DEPARTMENT OF REVENUE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

97 JUN -5 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA3000014599
1. Corporation Name
Pugliese Pool & Landscaping Design Inc

Principal Place of Business: 5995 VISTA LINDA LANE, BOCA RATON FL. 33433
Mailing Address: 5995 VISTA LINDA LANE, BOCA RATON FL. 33433

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 01/29/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-04-18274	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	JOHN CARUSO	5995 VISTA LINDA LANE	BOCA RATON FL. 33433

700002207007--5
--06/10/97--01017--012
****390.00 ****390.00

[Handwritten Signature]

8. Name and Address of Current Registered Agent
John Caruso

9. Name and Address of New Registered Agent
Name: John Caruso
Street Address (P.O. Box Number is Not Acceptable): 5995 VISTA LINDA LANE
Suite, Apt. #, Etc.:
City: Boca Raton State: FL Zip Code: 33433

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *[Signature]* Date: _____
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *[Signature]* Date: _____ Daytime Phone #: 561 391 7009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/96)

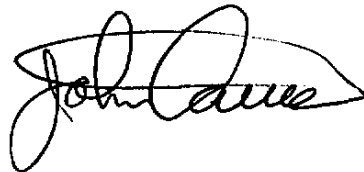
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**Pugliese Pools
& Landscape Design Inc.**

To Whom it may concern,

Please accept my application for reinstatement. Check with my late fees. I was unaware of the change in your policy and the increase in fees. I sent it in, but you sent it back, and I did not receive it or my check. Since it is a very new policy I hope you can accept my application and the fees.

Thanking you in advance,

A handwritten signature in black ink, appearing to read "John Caruso". The signature is written in a cursive style with a large, sweeping flourish at the end.

Pres Pugliese Pool Corp.