	DI FACE DEAD	ALL MOTOLICTIONS	, DEFORE 6014			
	PLEASE READ PLICATION FOR STATEMENT	FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF CORPO	NT OF STATE rthant State	TETING THIS FOR	M.	
DOCUMENT # P95000051139				99 JM 27 PH 2: 56		
AMERICAN QUALITY POOLS, INC.				SECNICIÓN O OF STATE TALLAHASSEE, FLORIDA		
				ALLAMASSEUT		
22721 SW 56 AVENUE 22721 SW 56		Mailing Address 22721 SW 56 AVENUE BOCA RATON FL 33433		1 1887/1887 HAR SELECT BERLE BER		
2. New Pri 340 Sulte, Apt	04	3. New Mailing Office Address, I 3.401 W. Hi Suite, Apt. #, etc.	Applicable By Dat	Number	06/28/1995 Applied For	
^{Zig} 33	273 Country USA	City & State Coconut Ciert Zip 33073 Count	7>17	CHICATE OF STATUS DESIRED	Not Applicable \$8.75 Additional Fee required for a Certificate of Status	
Title(s)	and Street Addresses of Each Officer and/ Name of Officers and/or Directors	St O	reet Address of Each ficer and/or Director	T	State / Zip	
1 → · · · · · · ·	FIGGINS, ROSARIO M:	3 (Do NOT Us	e Post Office Box Numbers)	BOGA RATON FL	•	
Owner	Figgins, Char	les F. 340) w		Blud Coconut o	33073	
			1		721179	
				40000276 -02/05/99- ****150.0	-01100005	
Street Add 22721 SW 56 AVENUE BOCA RATON FL 33433 Suile, Apt			·• · · · · · · · · · · · · · · ·	Number is Not Acceptated Solution Solut		
10. I, being appointed the registered agent of the above named corporation, amriamiliar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 12-6-98						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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: Charles F. Fracins 12. I further certify that when filing this reinstance in the requirements of section 607.0401 or 617, F.S. I further certify that when filing this reinstance in the requirements of section 607.0401 or 617, 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: Charles F. Figgins 12-6-98 BIGNATURE AND TYPED OR PRINTED NAME OF STANING OFFICE OR DIRECTOR 12-6-98 Dayline Priore # 954-425-7205						