PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	PORATION TO STATE OF THE PORATION OF THE PORAT	FLORIDA DEPARTMENT OF STAT Cherine Harris Correctly of State DESERVOR CORPORATIONS	E FILED SECRETARY OF STATE
DOCUMENT # P95000057732 1. Corporation Name			01 JUL -2 PH 12: 54
Aloh	a Pools Inc.		
2. Principal Office Address 3. Mailing O		3. Mailing Office Address	
, '		P. O. Box 1302	
		Suite, Apt. #, etc.	4. Date incorporated or Qualified
City & State City & State		City & State	To Do Business in Florida July 26, 1995
Big 1	Pine Key	Big Pine Key	5. FEI Number Applied For 65-0612103 Not Applicable
Zip 3304:	- Country	Zip Country 33043 Monroe	CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status
		7. Name and Address of Current Reg	istered Agent
	Name	1	2000044741922
	Toni R. La Street Address (P.O. Box Number is N		****965.00 **** 65.00
	29550 Cupo Sutta, Apl. #, Etc.	on Road	
	Stritt, Apr. II, Ett.		1
	Chy Big Pine Ke	≥y	State Zip Code 33043
8. 1, being	appointed the registered agent of the abo	ve named corporation, am familiar with and accept t	the obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered /		Hanghorne EGISTERED AGENT MUST SIGN	the obligations of section 607.0505 or 617.0503, F.S. Date
9. Names	and Street Addresses of Each Officer and	Vor Director (Florida nonprofit corporations must list	at least 3 directors)
Titles	Name of Officers and/or Directors	Street Address of	Each City / State / 7to
P	David Langhorne	29550 Cupon Roa	ad Big Pine Key, FL 33043
V: -S/∓	Toni Langhorne	29550 Cupon Roa	Big Pine Key, FL 33043
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		·	1Aglio
			1
this rein owed b	nstatement application, the reason for disa by the corporation have been paid and the application is true and accurate, and my so TON 1 R.	solution has been eliminated, the corporate name sat names of individuals listed on this form do not qualify signature shall have the same legal effect as if made Langhorne	2y 15,2001 305/872-3170
i	SIGNATURE AND TYPED OR PR	ENTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

Aloha Pools Inc.

Post Office Box 1302, 29550 Cupon Road Big Pine Key, FL 33042 305/872-3170 Fax 305/872-9936

May 16, 2001

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

Gentlemen:

Recently I was completing an online course in Business Organization for the continuing education requirement for my state contractor's license. In the section detailing corporate organization I read about the requirement to file and annual report and pay a fee to the state. As this was something I had no knowledge of, I logged on to the sunbiz com website and learned that this was indeed an annual requirement I knew nothing about and further that our corporation had been "administratively dissolved" in 1996.

I checked with my accountant and was informed that I should have received a form from the state in the December after our initial corporate registration. At no time have I ever received any such form or notice from the state. Had I received the necessary form I certainly would have returned it in a timely manner with the appropriate fee.

Ours is a very closely held corporation with just my husband and myself as officers. I have always been very careful in regard to maintaining my state contractor's license, our company's qualified business license and county occupational license. I certainly would not have continued to keep these licenses active if we had dissolved the corporation. We also have paid in a timely manner our state revenue, intangible and unemployment taxes, along with our federal corporate returns.

I don't know if it was an address problem or if we simply slipped through the cracks, but we hope that you can appreciate that we certainly had no intention of not paying any fee, which is due from our corporation. We are therefore respectfully requesting that you waive the reinstatement fee of \$600 in our case. It would be less burdensome for us to incorporate under an alternative name, however we would like to resolve this and retain the "Aloha Pools Inc." name.

I have included the reinstatement form and 6 years fees totaling \$900. We hope that our plea to waive the reinstatement fee will be granted and thank you for your compassionate consideration.

Sincerely yours,

Toni Langhorne, V.P.

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Aloha Pools Inc.