PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR... REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P96000081117**

1. Corporation Name

SIGNATURE:

PENNINSULA POOLS, INC.

Principal Place of Business	Mailing Address	
POOL SERVICE	7154 N UNIVERSITY	
3215 NW 123 AVE	#290	
CORAL SPRINGS FL 33065	TAMARAC FL 33321	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

	FIL	ED	
03 OCT	27	AM 11:	07
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3215 NW 12 CORAL SPR	3 AVE INGS FL 33065	#290 TAMARAC FL	33321			 	1 EBIA(16181 11881 118	0 6 66 50
If above addresses we incorrect in any way, line through incorrect information and enter correction below.			REMOTATEMENT 03					
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 15590 Lethon Rd 15590 Lethon Rd		Date Incorporated or Qualified To Do Business in Florida 10/01/1996						
Suite, Agr. #		Suita, Apt. #,	etc.	.c.		or	10,0 1, 10	Applied For
City & State	+ Palm Bich	City & State	Palm B	^c h	6.	65-0697632		Not Applicable
3340	OG Palm Bon	33400	Cer	alm Beach		E OF STATUS DESIRED	\$8.75 Addition for a Ceri	tional Fee required tificate of Status
7. Names a	and Street Addresses of Each Officer and/o	or Director (Flo	ida nonprofit com	orations must list at le	ast 3 directors)	1		
Title(s) 1	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Directo		4	City / State / Zip	
P	JOSEPH P. BERTOLAMI		7154 N. UNIV	ERSITY DR.		TAMARAC FL		
								
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·	8. Name and Address of Current F	teaistered Age	nt		9. Name and	Address of New Reg	istered Agent	
				Name	77 la '	Toolog	,o.o.o.o.o.	(§
	LAMI, JOSEPH		- ,	Street Address (P.O. Box Nymber	is Not Acceptable)	_	CR2E040 (7/03)
	W 123 AVE SPRINGS FL 33065			Suite, Apt. #, Etc	<u> </u>	it n		CRZE
				9102-4	Palm T	2~h	State Zip Ci	و المنظ
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. or 617.0505, F.S.								
Signature of Registered	Agent Agent	/			···	Date	10.93	03
'REGISTERED AGENT MUST SIGN								
11. I certify that Lam 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 filling 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								

Peninsula Pools, Inc. 1550 Latham Road #3 West Palm Beach, Fl 33409 954-753-6200

October 22, 2003

Re: Peninsula Pools, Inc. Document # P96000081117

FEI #: 65-0697632

To Whom It May Concern:

It has been brought to my attention that Peninsula Pools, Inc. failed to file and pay its Uniform Business Report (UBR) of 2003. My office has been undergoing a great number of changes in the past sixty day that led to our oversight in filing our UBR. Initially my office manager, who handled this matter every year, left her position with Peninsula Pools, Inc. Within this same period of time I have opened a second office in West Palm Beach and moved my residence to West Palm Beach. My new office manager works out of the West Palm Beach office; the UBR was sent to my Tamarac mailbox and the new office manager did not have necessary information of what or when anything had to be filed. Please be aware that it was not the intention of Peninsula Pools, Inc. not to file the appropriate forms by the dates required. Due to reason specified above, it is our request that the Florida Department of State waive our reinstatement fee. Please also note the change of registered agent and the change of address. Thank you in advance for your time and attention to this matter.

Sincerely,

Joseph P. Bertolami President Peninsula Pools, Inc.