PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	FLORIDA DEPARTMENT OF S Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 00 OCT -3 PH 3: 28
DOCUMENT # P970000/7928 1. Corporation Name DIVE IN POOL SERVICE INC		SECRETARY OF STATE
		A Company of the Comp
2. Principal Office Address	3. Malling Office Address SAME.	PERIOTATEMENT OF COMME
Suite, Apt. #, etc.	Sulte, Apt. #, etc.	REINSTATEMENT 98-00 4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida
MIAMI FC Zip Country	7:-	5. FEI Number Applied For Not Applied For Not Applied For
33186 USA	Zip Country	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
Name	7. Name and Address of Curren	4.4
Suite, Apt. #, Etc. City 1, AM Signature of Registered Agent Registered Agent	5W 102 ST	TODO 3455887 TODO 3455887 TODO 3455887 TODO 3455887 TODO 3455887 TODO 19 ********************************
9. Names and Street Addresses of Each Officer and	or Director (Florida nonprofit corporations mus	st list at least 3 directors)
Titles Name of Officers and/or Directors	Street Addres Officer and/o	
P FELIX FONTA	WILLES 14391 SW	102 ST MAMI, FL 33196
		700034558877 -11/07/0001103020 ***1050.00 ***1050.00
		cation as provided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 817.0401, F.S., that all fees
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 lowed 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 AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #		