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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 MAR 28 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000079004

1. Corporation Name
Pool Masters of Tampa Bay, Inc.

2. Principal Office Address
10017 Kenda Drive
Suite, Apt. #, etc.

3. Mailing Office Address
Same
Suite, Apt. #, etc.

City & State
Riverview, FL
Zip
33569 Country
U.S.A.

City & State

Zip
Country

4. Date Incorporated or Qualified
To Do Business in Florida 9-11-1997

5. FEI Number
59-3471443 Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

9805

7. Name and Address of Current Registered Agent

Name
BRETT SPENCER
Street Address (P.O. Box Number is Not Acceptable)
10017 Kenda Drive
Suite, Apt. #, Etc.
City
Riverview

State
FL Zip Code
33569

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date 3-20-05
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Brett Spencer	10017 Kenda Drive	Riverview, FL 33569

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10. 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] 813-245-9207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3-20-05 813-671-1591
Date Daytime Phone #

CR2E081 (01/05)

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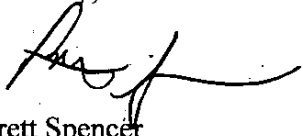
March 20, 2005

Florida Department of State
Secretary of State
Division of Corporations

To Whom It May Concern:

This letter is to request a waiver of the reinstatement fee for Pool Masters of Tampa Bay, Inc. Enclosed is \$1,200 for the corporation reinstatement for Pool Masters of Tampa Bay, Inc. In 1998 I never received any annual report notices therefore I was unaware of any fees due to the state. I had no knowledge that my company had been dissolved because I never received any correspondence from the state. I would greatly appreciate your prompt attention in this matter.

Sincerely,



Brett Spencer
President