


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b> <b>AMENDED UBR</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>00 NOV 16 AM 9:38</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
<b>DOCUMENT # P 970000 81024</b>					
1. Corporation Name <b>SHARPER IMAGE POOL SERVICE INC.</b>					
2. Principal Office Address <b>P.O. BOX 130698</b>		3. Mailing Office Address <b>P.O. BOX 130698</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>9-97</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3463663</b>	
City & State <b>TPA, FL</b>		City & State <b>TPA, FL</b>		Applied For Not Applicable	
Zip <b>33681-0698</b>	Country	Zip <b>33681-0698</b>	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <b>DAVID GORGEN</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>4556 S. MANHATTAN AVE</b>					
Suite, Apt. #, Etc. <b>SUITE C</b>					
City <b>TAMPA</b>					
State <b>FL</b>					
Zip Code <b>33611</b>					
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 <b>David Gorgen</b>					
Date <b>11-1-2000</b>					
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		
SEC	<b>RANDY KOTTKE</b>	<b>P.O. BOX 130698</b>	<b>TPA FL 33681-0698</b>		
SEC	<b>FRANKIE RIVERA</b>	<b>P.O. BOX 130698</b>	<b>TPA FL 33681-0698</b>		
SEC	<b>EDDIE WILLIAMS</b>	<b>P.O. BOX 130698</b>	<b>TPA FL 33681-0698</b>		
SEC	<b>CARLOS FLORES</b>	<b>P.O. BOX 130698</b>	<b>TPA FL 33681-0698</b>		
<b>DD UBR Amended</b>					
V-PRES	<b>KERRY SMITH</b>	<b>P.O. BOX 130698</b>	<b>TPA FL 33681-0698</b>		
PRES.	<b>DAVID GORGEN</b>	<b>4556 S. MANHATTAN AVE SUITE C</b>	<b>TPA FL 33611</b>		
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: <b>David Gorgen</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>11-1-2000</b>					
Daytime Phone # <b>(813) 839-6333</b>					

CR2E081 (9/99)