

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 24 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000000240**

1. Corporation Name

Total Pool Works, Inc.

REINSTATEMENT 03

400025757084

12/24/03--01040--024 **158.75

2. Principal Office Address

2275 So. Federal Hwy

Suite, Apt. #, etc.

#230

City & State

Delray Beach, FL

Zip

33483

Country

U.S.A.

3. Mailing Office Address

2275 So. Federal Hwy.

Suite, Apt. #, etc.

#230

City & State

Delray Beach, FL

Zip

33483

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

11/98

5. FEI Number

65-0879615

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sean Bandel

Street Address (P.O. Box Number is Not Acceptable)

530 N. Wickham Rd

Suite, Apt. #, Etc.

#132

City

Melbourne, FL

State
FL

Zip Code

32935

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

Sean Bandel

Date

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
<i>D-</i>	<i>Sean Bandel</i>	<i>530 N. Wickham Rd. #132</i>	<i>Melbourne, FL 32935</i>

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:

Sean Bandel Sean Bandel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-436-5733

CR2E081 (10/02)

TOTAL POOL WORKS

2275 South Federal Highway, #230

Delray Beach, FL 33483

PHONE (561) 417-7000 FAX (561) 417-7001

VIA FEDERAL EXPRESS

Florida Dept. of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Re: Total Pool Works, Inc.

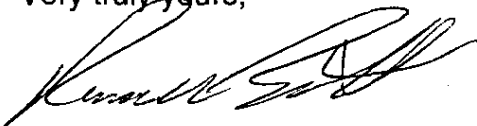
Dear Dept. of State:

Please be advised that I did not receive the 2003 Uniform Business Report from your office because the Corporation's mailing address had changed. Consequently, the Corporation was administratively dissolved with the Division of Corporations.

I respectfully request that the penalty fee to reinstate the Corporation be waived due to the circumstances described above. Enclosed is the completed corporation reinstatement application for the Corporation, including a check totaling in the amount of \$158.75 (\$150.00 for the year 2003 and \$8.75 for a Certificate of Status) made payable to the Florida Dept. of State to bring the Corporation back to good standing with the Department.

Thank you for your cooperation.

Very truly yours,



Russell Bahrenburg for:

Sean Bandel
President