PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	OMPLETI	NG THIS FORM	l
APPLICATION FOR	FLORIDA DE ARTMEN A Laerine Ha				106
REINSTATIANT	is N OF CORPOR			FILED	
DOCUMENT # P9900041945 1. Corporation Name			n	O DEC 22 PM 2:	30
POOLS PARADISE, INC.		,		CORETARY OF ST LLAHASSEE, FLO	
Principal Place of Business	Mailing Address		TĀ	LLAHASSEE, FLI	INDA
5323 PIMLICO DRIVE 5323 PIMLICO DRIVE TALLAHASSEE FL 32308 TALLAHASSEE FL 32308					
TALLANASSEE PL 32000 TALLANASSEE PL 32000			1 18411811 11	8 1011 3 1819) 984) 981) 901)3 904) 1	
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable 4\8 East Virsinia St	3. New Mailing Office Address, If A	Applicable		orated or Qualified less in Florida (05/04/1999
Suite, Apt. # etc. Suite 7 City & State,	Suite, Apt.,#, etc.		5. FEI Number	3581632	Applied For Not Applicable
Tallahassee FL Zip 32301 Country USA	Tallahasse e Zip 37361 Country	USA	6. CERTIFICATE	OF STATUS DESIRED S	8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o		itions must list at lea			
Title(s) Name of Officers and/or Directors 1		eet Address of Each ficer and/or Director		City / S	State / Zip
Freshir J.C. Courr	eges 5323	Pimlico	Dr.	Tallahassoe,	FL 32308
			. 80	90003525 -01/09/01 ****150.00	
					L8
8. Name and Address of Current F	Registered Agent	Name	9. Name and A	Address of New Registere	
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301 Suite, Apt.				is Not Acceptable)	CR2E040 (8/00)
		City		Sta F	
10. I, being appointed the registered agent of the abore Signature of Registered Agent	ve named corporation, am familiar w	ith and accept the o	bligations of Sect		22/00
In certify that I am an officer or director or the receive this reinstatement application, the reason for dissolowed by the corporation have been paid and the ron this application is true and accurate, and my significant.	olution has been eliminated, the corporates of individuals listed on this for	orate name satisfies m do not qualify for	the requirements an exemption un	of section 607.0401 or 617	7.0401, F.S., that all fees }
SIGNATURE: SIGNATURE AND TYPED OR PRIN	KELREQUII NTED NAME OF SIGNING OFFICER OR	OFO REL	. ૯૦૦	12/22/00 Date	Q 50 - () () - 570

MATTHEW S. GROOM

CERTIFIED PUBLIC ACCOUNTANT

TALLAHASSEE, FLORIDA 32301

MEMBER OF FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

TELEPHONE (850)222-2727

FACSIMILE (850)224-0958

__December 22, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

> Re: Pools Paradise, Inc. P99000041945 FEI-# 59-3581632

Please find a check enclosed for \$150.00 for reinstatement of said corporation. We are asking you to waive the \$600.00 late fee. The original paperwork to incorporate this organization was completed by taxpayer's attorney in New York. The attorney used the owner's Tallahassee personal residence as the mailing address instead of my mailing address. This is the correct address for the owner's personal residence. However, the owner travels frequently and often times other people pick-up his mail, and somehow the annual renewal that was due by May 1, 2000 was lost or never received. I, Matt Groom, have been retained by Pools Paradise to do all the bookkeeping and pay all of the bills. Consequently, because I never received the original annual report, it was never filed.

Please note the address change on the reinstatement application, and this should avoid any late returns in the future.

Thank you for your cooperation.

Sincerely,

Matt Groom

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