

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION  
 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 NOV 20 PM 6:09

DOCUMENT # **P99000096125**

1. Corporation Name

**GLORIOSO'S POOL SERVICE INC.**

Principal Place of Business	Mailing Address
279 DEER CREEK BLVD., #1106 ; DEERFIELD BCH FL 33442	279 DEER CREEK BLVD., #1106 DEERFIELD BCH FL 33442



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/29/1999	
City & State		City & State		5. FEI Number	
Zip		Country		65-0970492	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
OWNER	DARREN GLORIOSO	279 DEER CREEK BLVD #1106	DEERFIELD BCH FL 33442

900003496759--7  
 -12/12/00--01036--013  
 \*\*\*\*150.00 \*\*\*\*150.00

*Handwritten signature/initials*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GLORIOSO, DARREN 279 DEER CREEK BLVD., #1106 DEERFIELD BCH FL 33442		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State	Zip Code
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Handwritten Signature]* REGISTERED AGENT MUST SIGN

Date: 10/17/00

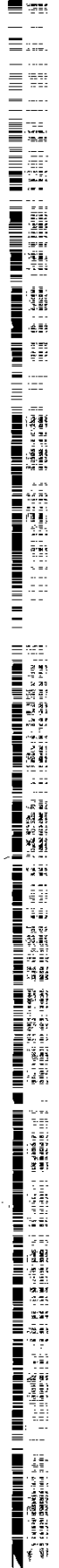
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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: *[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/17/00

Daytime Phone #: (954) 571-5256

CR2E040 (800)



Glorioso's Pool Service, Inc.  
279 Deer Creek Blvd. #1106  
Deerfield Beach, FL 33442  
(954) 571-5256

799-  
96125

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October 17, 2000

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

Re: Glorioso's Pool Service, Inc.  
Corp ID # 99000096125

To Whom It May Concern:

Please be advised that I incorporated my company in the October of 1999. This is the first time that I have been notified of any type of renewal or dissolution of my corporation. I never received the annual renewal of my corporation at any time during the beginning of this year or prior to May 1, 2000.

I have been advised to request a reinstatement of my corporation and to please waive and abate any late fees or penalties that I have incurred prior to this notification.

Thanking you in advance for your assistance in this matter. If you have any questions, please do not hesitate to contact me.

Sincerely,



Darren Glorioso  
President

