PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



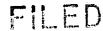
FLORIDA DEPARTMENT OF STATE Katherine Harris.

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	Pa	19000	109	253
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Bayside Pool Service of Naples. Inc.



02 JUL -8 PM 1:54

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principal Office Address 1790 Hummingbiract Suite, Apt. #, etc. Marco Island, FL	3. Mailing Office Address 1790 Humming bind Co	4. Date Incorporated or Qualified
City & State Zip 34145 Country 45 A	City & State Marco Islad FL Zip Zip Country USA	To Do Business in Florida 2 - 16 - 1999 5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$2.75 Additional Fee required
71,13 (637)	7. Name and Address of Current Register	for a Certificate of Status
Name Phil Pastolic Street Address (P.O. Box Number is No	t Acceptable Y Court	900007109309 1 -08/14/0201045022 *****308.75 *****308.75
City /S/av. 8. I, being appointed the registered agent of the above	ve named corporation, am familiar with and accept the o	State Zip Corle FL 34/45 bligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent	GISTERED AGENT MUST SIGN	Date
9. Names and Street Addresses of Each Officer and	or Director (Florida nonprofit corporations must list at le	east 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
greate Phil Pastire	1790 Hunming	abilact Marco Ward F234145
10. I certify that I am an officer or director or the recei	ver 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:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT REMOVE 2002

6-17-02

As per on conversation I am undy
the letter to remotate Bayside
foot-Service of Paples Inc. and
also ask the the fee be waived
because the paper work was never
recieved. Enclosed is a Check
for 308.75 Please Contact me
if I have made any errors.
That you

Thill Instore