

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V07928**

1. Corporation Name

ABSOLUTE POOLS & SPAS, INC.

2. Principal Office Address

1875 MARYLAND AVE. N.E.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL.

Zip

33703

Country

USA

3. Mailing Office Address

1875 MARYLAND AVE. N.E.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL.

Zip

33703

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1992

5. FEI Number

65-0308762

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

BYRNE, JAMES A.

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

540-4TH STREET NORTH

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33701

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

James A. Byrne

REGISTERED AGENT MUST SIGN

Date

10/16/03

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
D	MINSKEY, JAMES H.	1875 MARYLAND AVE. N.E.	ST. PETERSBURG FL. 33703

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:

James H. Minsky

JAMES H. MINSKEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03

Date

727-526-8384

Daytime Phone #

CR2E081 (10/02)

71 10/23

OCTOBER 15, 2003

ABSOLUTE POOLS & SPAS, INC

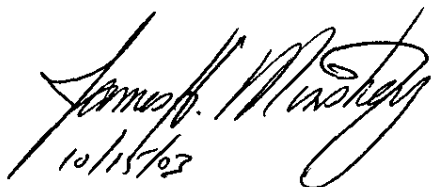
**DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

I AM WRITING THIS LETTER IN REFERENCE TO THE REINSTATEMENT OF ABSOLUTE POOLS & SPAS, INC. WHILE FILING FOR WORKERS COMPENSATION IT WAS BROUGHT TO MY ATTENTION THAT MY CORPORATION WAS INACTIVE. I CALLED YOUR OFFICE ON 10-15-03 AND EXPLAIN MY SITUATION AND ASK WHAT TO DO NEXT. I TOLD THE PERSON WITH WHOM I SPOKE THAT I WAS CERTAIN I HAD FILED IN APRIL. SHE RECOMMENDED I SEND YOU A LETTER ASKING IF YOU WOULD EXCEPT THE PAYMENT OF \$150.00 TO ACTIVATE MY LICENSE.

I HAD RECORDED HAVING WRITTEN THREE CHECKS ON APRIL 18, 2003; ONE OF WHICH WAS TO DEPARTMENT OF STATE. IN REVIEWING MY MAY, 2003 BANK STATEMENT I DISCOVERED THAT THOUGH THESE CHECKS WERE RECORDED IN MY BANKBOOK, NONE HAD ACTUALLY REACHED ITS DESTINATION. TWO OF THESE CHECKS WERE TO SUPPLIERS SO THEY WERE CARRIED FORWARD TO THE NEXT BILLING PERIOD. I HAVE NO EXPLANATION AS TO HOW THIS HAPPENED BUT I ASSURE YOU THIS WAS NOT INTENTIONAL.

THANK YOU FOR TAKING THE TIME TO CONSIDER MY REQUEST. IN AN EFFORT TO AVOID A REOCCURRENCE OF THIS SITUATION I AM ORDERING A CERTIFICATE TO BE DISPLAYED OVER MY DESK TO SERVE AS A REMINDER.

IF THERE ARE ANY QUESTIONS PLEASE DON'T HESITATE TO CONTACT ME.



10/15/03

**SINCERELY,
JAMES H. MINSKEY
PRESIDENT, ABSOLUTE POOLS AND SPAS, INC.
1875 MARYLAND AVE. N.E.
ST. PETERSBURG, FL. 33703
PHONE (727) 526-8384**