

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 731983

1. Corporation Name

AQUARIAN UNIVERSAL MISSION, INC.

Principal Place of Business

6615 N ATLANTIC AVE  
CAPE CANAVERAL FL 32920  
US

Mailing Address

6615 ATLANTIC AVENUE  
CAPE CANAVERAL FL 32920  
US

FILED

01 OCT 15 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



200

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/26/1975

5. FEI Number

23-7404943

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
TD	SILVER, JOEL S	1240 S ATLANTIC AVE	COCOA BCH, FL 00000
PD	KONKEL, WALTER R	607 ADAMS AVE	CAPE CANAVERAL FL
SD	FRICKER, ERIC	164 JAMAICA DR	COCOA BEACH FL 32931

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11/06/01-01070-022

\*\*\*\*236.25 \*\*\*\*236.25

*[Signature]*

8. Name and Address of Current Registered Agent

KONEKL, WALTER R  
607 ADAMS AVE  
CAPE CANAVERAL FL 32920

9. Name and Address of New Registered Agent

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 *Walter R. Konkel*

REGISTERED AGENT MUST SIGN

Date 10-12-01

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:

*Joel S. Silver* 10-12-01 321-784-0930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)