PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.					
MACATION AND AND AND AND AND AND AND AND AND AN	FLORIDA DEPART Sandra B.	TMENT OF STATE			
REINSTATEMENT	Secretary of State DIVISION OF COMPORATIONS			274	ED
DOCUMENT # 7/4/02			OZ MUN ST BM 3: Uf		
South Florida Aquarium Society INC.			SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Principal Place of Business	Mailing Address			•	
15101 SW 236 St. PRINCENTON, Florid	la 33032	US.17.	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
If above addresses are incorrect in any way, line thro	ough incorrect information and	enter correction below.	Process Sh	All Mil.	
2. New Principal Office Address, If Applicable 912/5w 181 Tella	New Mailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida		
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc. City & State		5. FEI Number 65_0/66553 Applied For		
Miami, Florida  Zip 33157 Country U.S.A.		Country	6. CERTIFICATE OF	STATUS DESIRED 🔀	\$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o	l or Director (Florida nonprofit c	corporations must list at lea	ast 3 directors)	mad ama na nann na na a	
Title(s) 1 Name of Officers and/or Directors  Street Address of Each Officer and/or Director  Officer and/or Director  (Do NOT Use Post Office Box Numbers)  City / State / Zip					
PD Ginsberg, LARR	4 9121	91215W 181 TERR.		1,0 MV/2812/2	77/210363-9011 <b>9</b> 75 ****253.75
VD Robinson, Patr	ick 91 N	E. 1155+		Miami, Fl	orida 33161
SD Solis, Manuel 6		25W 42	5t. 1	liami, Fi	lerida 33155
D Seow, Noel	0 NW 197	LANE A	riami, F	Torrida 33055	
TD Ginsberg, Bur	bara 9121	5.w. 18	1 TERR M	iami, Fl	orida 33157
D Huber, Mari	a 982	1 Jamaica	Drive p	liami, FI	bizicla 33 189
B. Name and Address of Current Registered Agent     9. Name and Address of New Registered Agent     Name					
BRIAN GAINE LARRY GINS BERG WOLLD					
19 w. Flagler Street Street Street Suite, Apl. #, Etc.					
Miami, Florida 33/3/ City Miami   State   Zip Code   FL   33/57					
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 Rigistered Agent J. W. Shocker Registered Agent Must sign  Date 11/17/97					
No Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (Sec other side for information on inlangible tax.)					
12. 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: NOV 18-1997 (305)66-5406					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date					



Florida Department of State Corporate Records attention: Marie Barlett

Dear Ms. Barlett,

The purpose of this letter is to request re-instatement of the South Florida Aquarium Society as a non-profit corporation.

All records for the SFAS were destroyed in August, 1992 during Hurricane Andrew. Our annual reports for 1994-97 were not filed due to confusion on the part of the previous treasurer.

We are enclosing a completed application for reinstatement and a money order for \$253.75 (\$245.00 reinstatement fee and \$8.75 certificate of status). We thank you in advance for your attention to this matter.

Very truly yours,

Manuel Solis

**Executive Secretary**