

F02000005749

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FOR CORP CUS
11/18

400007686104--2
-09/12/02--01024--005
*****78.75 *****78.75

SUBJECT: ATLANTIS TROPICAL FISH HATCHERY, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam: 00855-00647-02963

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

MJH

Please return all correspondence concerning this matter to the following:

W02-26727

LORI L. COOK

(Name of Person)

AMSOUTH BANK

(Firm/Company)

33805 U.S. 19 NORTH

(Address)

PALM HARBOR, FL 34683

(City/State and Zip code)

For further information concerning this matter, please call:

PETER RUBIN

(Name of Person)

at (845) 255-5871

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STATE OF FLORIDA
TALLAHASSEE

02 NOV 18 AM 10:11

FILED

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 13, 2002

LORI L. COOK
AMSOUTH BANK
33805 U.S. 19 NORTH
PALM HARBOR, FL 34683

00855-00821-00963
CUS not CC

SUBJECT: ATLANTIS TROPICAL FISH HATCHERY, INC.
Ref. Number: W02000026727

We have received your document for ATLANTIS TROPICAL FISH HATCHERY, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 202A00052583



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 27, 2002

LORI L. COOK
AMSOUTH BANK
33805 U.S. 19 NORTH
PALM HARBOR, FL 34683

SUBJECT: ATLANTIS TROPICAL FISH HATCHERY, INC.
Ref. Number: W02000026727

We have received your document for ATLANTIS TROPICAL FISH HATCHERY, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 202A00052583

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. ATLANTIS TROPICAL FISH HATCHERY, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. NEW YORK 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9-20-1991 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 33 OSPREY LN., GARDINER, NY 12525
(Principal office address)

SAME
(Current mailing address)

8. SEE ATTACHED
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

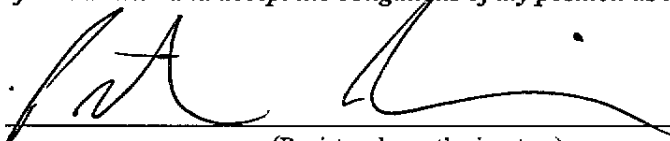
Name: PETER RUBIN

Office Address: 11135 PONDEROSA LANE

LAKELAND, Florida 33809
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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02 NOV 18 AM 10:11
TALLAHASSEE FLORIDA
STATE SECRETARY OF STATE

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: PETER RUBIN

Address: 33 OSPREY LANE
GARDINER, NY 12525

Vice President: _____

Address: _____

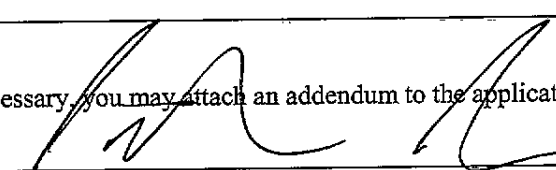
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. PETER RUBIN, PRES.
(Typed or printed name and capacity of person signing application)

State of New York } ss:
Department of State

I hereby certify, that the Certificate of Incorporation of ATLANTIS TROPICAL FISH HATCHERY, INC. was filed on 09/20/1991, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 31st day of October
two thousand and two.*



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