APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
97 OCT 24 AM 10:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Read Instructions ... Before Making Entries
Make Check Payable To: *Department of State*

Name and Mailing Address of Corporation: DOCUMENT # F89921

AQUARIAN VENTURES, INC.
PO BOX 204
GOULDS, FL 33170

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

Date Incorporated or Qualified to Do Business in Florida	4. FEI Number	FEI Number Applied For	5. $8.75 Additional Fee required for a Certificate of Status
	59-2285564	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED X

Names and Street Addresses of Each Officer and/or Director

Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
PD	SMOLENY, CHARLES JR.	SE CORNER OF 137 AV & 216 ST.	GOULDS, FL
STD	SMOLENY, STORMY	SE CORNER OF 137 AV & 216 ST	GOULDS, FL

400002332764--2
-10/29/97--01088--017
****758.75 ****758.75

REINSTATEMENT 97

SC 10-28-97

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

SMOLENY, CHARLES JR.
SE CORNER OF 137 AV & 216 ST.
GOULDS, FL. 33170

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State FL. Zip

9. 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 _____ Date _____
REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director _____ Date 10/22/97 Daytime Phone # 305-257-2306

CR2E040 (8/92)