

PLEASE READ INSTRUCTIONS REVERSE OF THIS FORM.

L00000015397

APPLICATION FOR REINSTATEMENT

Glenda M. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 OCT 23 PM 2:12

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

600024028446
10/23/03--01010--005 **150.00

1. DOCUMENT # L00000015397

Name and Mailing Address

0009530 01 AT 0.292 **AUTO T5 1 0615 33619-343355
AQUAFILM, LLC
7455 ADAMO DRIVE
TAMPA FL 33619-3433



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/12/2000	
Principal Place of Business 7455 ADAMO DRIVE TAMPA FL 33619	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3684613	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent JACOBSON, RICHARD A 501 E. KENNEDY BLVD. SUITE 1700 TAMPA FL 33602	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED** Date _____

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	OLIVA, ANGEL JR.	2008 18TH STREET	TAMPA FL 33605
MGRM	ROSSMAN, JAMES M	910 E. BURNETT RD. 1706 W. MORRISON AVE.	ISLAND LAKE FL 33042 TAMPA, FL 33606
MGRM	OLIVA, ANGEL III	2008 18TH STREET	NORTH TAMPA FL 33605
MGRM	SCHANEVILLE, SCOTT P	2008 18TH STREET	NORTH TAMPA FL 33605
MGRM	OLIVA, JOHN E SR.	2008 18TH STREET	NORTH TAMPA FL 33605
MGRM	OLIVA, JOHN E JR.	2008 18TH STREET	NORTH TAMPA FL 33605

REINSTATEMENT 2003

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in the articles of incorporation. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 Managing Member/Manager Date 10/16/03 Daytime Phone # 813-628-0424

Typed or printed name of signing Managing Member/Manager _____

CR2E034 (7/03)