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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT **FLORIDA DEPARTMENT OF STATE** **SECRETARY OF STATE** **DIVISION OF CORPORATIONS**

L02000019416 **03/24/04** **04 MAR 12 AM 9:25**

1. DOCUMENT # L02000019416

Name and Mailing Address

0011657 01 AT 0.292 **AUTO T3 0 0615 33407-512521
 AQUARIUS DESIGN, LLC
 421 31ST STREET
 WEST PALM BEACH FL 33407-5125

900030386029
 03/12/04--01055--005 **155.00



REINSTATEMENT 2003-2004

2. New Mailing Address 421 31st Street		4. State/Country of Formation FL	
City, State, Zip West Palm Beach FL 33407		5. Date Organized or Qualified To Do Business in Florida 07/31/2002	
Principal Place of Business 421 31ST STREET WEST PALM BEACH FL 33407	3. New Principal Place of Business Address same City, State, Zip	6. FIN# 42-1544677 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DR. CLEARWATER FL 33758	9. Name and Address of New Registered Agent Name Angelo Danila Street 421 31st Street (P.O. Box not acceptable) City West Palm Beach FL 33407
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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 **Angelo Danila** **NOTAR PUBLIC REQUIRED** Date **1 FEB 04**
 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
MGR	COMEAU, SUSAN H	421 31ST STREET	WEST PALM BEACH FL 33407
MGR	DAVILA, ANGELO L	421 31ST STREET	WEST PALM BEACH FL 33407

900030386029
 03/12/04--01055--006 **50.00

REINSTATEMENT 2003-2004

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. 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 **Susan Comeau** Date **11/19/03** Daytime Phone # **561 844 0176**
 Typed or printed name of signing Managing Member/Manager **Susan Comeau**