

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 FEB 23 A 7 46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400047134224
02/23/05--01031--006 **1542.50

DOCUMENT # L02000032231

1. Limited Liability Company's Name
Aquarius, LLC

2. Principal Office Address

1500 N. Lockwood Ridge Rd.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34236

Country

USA

3. Mailing Office Address

One Sarasota Tower

Suite, Apt. #, etc.

Two Tamiami Trail

City & State

Sarasota, FL

Zip

34236

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

12/02/2002

6. FEI Number

01075671

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Rice & Graus, P.L.

Street Address (P.O. Box Number is Not Acceptable)

1900 Main St.

Suite, Apt. #, Etc.

Suite 300

City

Sarasota

State

FL

Zip Code

34236

9. 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**

Date Feb. 2, 2005

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PMGR	William H. Lawson	One Sarasota Tower Two Tamiami Trail	Sarasota, FL 34236
S	Melissa K. Rice	1900 Main St., Suite 300	Sarasota, FL 34236

11. 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**

Date Feb. 2, 2005

Daytime Phone # 941-954-1900

Typed or printed name of signing Managing Member/Manager

William H. Lawson

CR2E041 (10/02)