PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 11 AM 11:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L73379

1 Corporation Name

AQUARIUS SPRINKLERS, INC.

REINSTATEMENT 96aw

Principal Place of Business	Mailing Address
C/O DARCY SILVESTRI 18500 S.W. 55TH STREET FORT LAUDERDALE FL 33332	C/O DARCY SILVESTRI 18500 S.W. 55TH STREET FORT LAUDERDALE FL 33332

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 2731 SW 18 ST	Suite, Apt. #, etc.: FT LAUD
City & State: FT LAUD FL	City & State: FL 33312
Zip: 33312 Country: USA	Zip: 33312 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 05/16/1990

5. FEI Number: 59-3013304 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PD	SILVESTRI, MICHAEL A.	18500 S.W. 55TH STREET	FORT LAUDERDALE FL
STD	SILVESTRI, DARCY	18500 S.W. 55TH STREET	FORT LAUDERDALE FL

300002026813--9
-12/12/96--01018--001
****375.00 ****375.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SILVESTRI, DARCY 18500 S.W. 55TH STREET FORT LAUDERDALE FL 33332	Name: Darcy Silvestri Street Address (P.O. Box Number is Not Acceptable): 2731 SW 18 ST Suite, Apt. #, Etc.: City: Ftlaud State: FL Zip Code: 33312

CR2E040 (7/96)

10. 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: Darcy Silvestri Date: 11-7-96
REGISTERED AGENT MUST SIGN

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 or the receiver 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

DARCY Silvestri

SIGNATURE: Darcy Silvestri 11/7/96 434-7866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062754 AR