

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUN 21 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M 98349**

1. Corporation Name

**Celestial Aquatic World
Troubleshooters Incorporated**

2. Principal Office Address

6501 72nd Ave N

Suite, Apt. #, etc.

Apt D

City & State

Pinellas Park, Florida

Zip

33781-4062

Country

Pinellas

3. Mailing Office Address

6501 72nd Ave N

Suite, Apt. #, etc.

Apt D

City & State

Pinellas Park, Florida

Zip

33781-4062

Country

Pinellas

REINSTATEMENT 90-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

Sept 7, 1988

5. FEI Number

59-2914777

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Carey Allen Wilson

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

6501 72nd Ave N

Suite, Apt. #, Etc.

Apt D

City

Pinellas Park

100004474311-9
-07/13/01--01042--010
*****2231.25 ***2231.25**

State

FL

Zip Code

33781-4062

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Carey Allen Wilson
REGISTERED AGENT MUST SIGN

Date **June 15, 2001**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Carey Allen Wilson	6501 72 nd Ave N	Pinellas Park, FL 33781-4062

10. 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.

SIGNATURE:

Carey Allen Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 15, 2001

Date

1-727-546-5781

Daytime Phone #