


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000088004

1. Corporation Name

AQUATUNITY ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2008 CANTON AVENUE  
ALVA FL 33920

2008 CANTON AVENUE  
ALVA FL 33920

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.

Suite, Apt. #, etc.

City & State

City & State

Lehigh Acres, FL  
Zip 33972 Country USA

Lehigh Acres, FL  
Zip 33972 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/18/2000

5. FEI Number

65-1040585

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	HAHN, PHYLLIS J	2008 CANTON AVENUE	ALVA FL 33920
			300004671313--4 -11/07/01--01068--013 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, WILLIAM R  
8191 COLLEGE PARKWAY  
SUITE 204  
FORT MYERS FL 33919

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*William R Smith*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/17/01

11. 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:

*William R Smith*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (8/01)



205 Joel Blvd., Suite #207  
Lehigh Acres, FL 33972  
(941) 368-4838  
Fax (941) 368-4828

ATTN: REINSTATEMENT SECTION  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Date: October 15, 2001

NAME OF CORPORATION:	AQUATUNITY ENTERPRISES, INC.
CHARTER NUMBER:	P00000088004
DATE OF INCORPORATION:	September 18, 2000
PRINCIPAL PLACE OF BUSINESS:	205 Joel Blvd., Suite #207 Lehigh Acres, FL 33972

I just received in the mail a Certificate of Administrative Dissolution or Revocation from your section. I was surprised about receiving this, since I never received the annual report form and do not know why it wasn't received.

The address is a valid address, and I should have received the forms, but I did not. I am usually very good about things like this. Being a new business, I do not have a lot of money and am hoping that you will not charge me the large fee that you are requesting to reinstate my corporation. I am enclosing the completed form, plus my check for \$150.00.

Please accept the enclosed so that I can make my corporation proper once again. Thanks.

  
Phyllis J. Hahn, President  
Aquatunity Enterprises, Inc.