

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 16 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000068339

1. Corporation Name

AQUARIUS TOURS, INC.

2. Principal Office Address

290-174TH STREET

Suite, Apt. #, etc.

SUITE 2411

City & State -

SUNNY ISLES BEACH, FL

Zip

33160

Country

USA

3. Mailing Office Address

290-174TH STREET

Suite, Apt. #, etc.

SUITE 2411

City & State -

SUNNY ISLES BEACH, FL

Zip

33160

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/2001

5. FEI Number

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

MARCELO PORTO

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

290-174TH STREET

Suite, Apt. #, Etc.

SUITE 2411

City

SUNNY ISLES BEACH, FL

State

FL

Zip Code

33160

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

Ricardo H. Porto

Date 4-20-03

REGISTERED AGENT MUST SIGN

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
DP	RICARDO H. PORTO	290-174TH STRET, SUITE 2411	SUNNY ISLES BEACH, FL 33160
DV	MARCELO H. PORTP	1059 N.E. 203 TERR	MIAMI, FL 33179

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-03

Date

3059417788

Daytime Phone #

CR2E081 (10/02)

6/17