

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -5 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # PO1000084965**

1. Corporation Name

ATLANTIS EXOTIC AQUARIUMS, INC.

2. Principal Office Address

5624 NW 167th Street

Suite, Apt. #, etc.

City & State

Miami Lakes, Florida

Zip

33014

Country

USA

3. Mailing Office Address

5624 NW 167th Street

Suite, Apt. #, etc.

City & State

Miami Lakes, Florida

Zip

33014

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/28/2001

5. FEI Number

651133744

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**7. Name and Address of Current Registered Agent**

Name

Dayrol Schreiber, P.A.

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

5600 Sheridan Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

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

REGISTERED AGENT MUST SIGN

Date 10/30/2003

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

| Titles  | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip            |
|---------|--------------------------------------|---|-------------------------------|
| Pres.   | Picard, Diana                        | 15867 SW 142 Terrace                              | Miami, Florida 33196          |
| Vice P. | Cherfrere, Sandra                    | 3260 SW 175 Ave.                                  | Miramar, Florida 33028        |
| Sec.    | Woullard, Jonah                      | 11610 SW 10th Street                              | Pembroke Pines, Florida 33025 |
|         |                                      |   |                               |
|         |                                      |   |                               |
|         |                                      |   |                               |

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:

Woullard, Jonah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/2003 305-474-1300

Date

Daytime Phone #

CR2E081 (10/02)