

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC -6 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000092137

1. Corporation Name

Custom Aquarium Services, Inc.

400009394274
12/06/02--01023--005 **150.00

2. Principal Office Address

158 Royal Pines Cir. W

Suite, Apt. #, etc.

3. Mailing Office Address

158 Royal Pines Cir W

Suite, Apt. #, etc.

City & State

Royal Palm Bch, FL

City & State

Royal Palm Bch, FL

Zip

33411

Country

Zip

33411

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-20-01

5. FEI Number

65-114011

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

Louis Bonaceto

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

158 Royal Pines Circle West

Suite, Apt. #, Etc.

City

Royal Palm Bch FL

State

FL

Zip Code

33411

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

Louis Bonaceto

REGISTERED AGENT MUST SIGN

Date

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
PSTD	Louis Bonaceto	158 Royal Pines Cir W	Royal Palm Bch FL 33411

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:

Louis Bonaceto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

Custom Aquarium Services, Inc.
158 Royal Pines Circle West
Royal Palm Beach, FL 33411

November 25, 2002

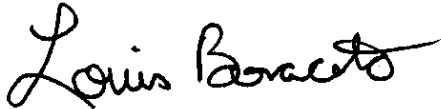
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Custom Aquarium Services, Inc.
EIN#: 65-1140111

Dear Sir/Madam:

I am the President of Custom Aquarium Services, Inc. It has recently come to my attention that my company was administratively dissolved. Please be advised that although the address listed with the state is correct, I have not received any renewal documents from the state. I am enclosing a check in the amount of \$ 150.00 as the renewal fee along with the proper, fully executed reinstatement form. Please reinstate the corporation. I appreciate your cooperation in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Louis Bonaceto".

Louis Bonaceto