

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

03 OCT 24 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000 111309

1. Corporation Name

AQUARIUS MEDICAL SUPPLY, INC

2. Principal Office Address

6595 N.W. 36TH STREET

Suite, Apt. #, etc.

SUITE 305-3

City & State

MIAMI, FLORIDA

Zip

33166

Country

DADE

3. Mailing Office Address

6595 N.W. 36TH STREET

Suite, Apt. #, etc.

SUITE 305-3

City & State

MIAMI, FLORIDA

Zip

33166

Country

DADE

REINSTATEMENT 2003
200024090172
10/24/03--01051--002 **150.00 WOP

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

5. FEI Number
65-1154639

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
PABLO J. VINA

Street Address (P.O. Box Number is Not Acceptable)
6595 N.W. 36TH STREET

Suite, Apt. #, Etc.
SUITE # 305-3

City
MIAMI

State
FL

Zip Code
33166

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

10/16/03

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
PRESID	PABLO J. VINA	6595 N.W. 36TH ST. # 305-3	

10. I certify that I am an officer or director of 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

Date

Daytime Phone #

10/16/03 305/871-6441

CR2E081 (10/02)

282

**AQUARIUS MEDICAL SUPPLY
6595 N.W. 36TH STREET
SUITE # 305-3
MIAMI, FLORIDA 33166
305/871-6441**

**FLORIDA DEPT. OF REVENUE
DEPARTMENT OF STATE
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314**

**October 17, 2003
REF: P010000111309
RENEWAL REPORT**


To whom it may concern:

Please be advised that it has to my attention that we had not renewed our corporation.

I had always renewed our company with the renewal report which was mailed to me. I did not move but I never received this report.

I called the Florida Department of Revenue and was advised to send \$ 150.00 and write a letter stating I had never received our annual report. I do hope that you will consider my case and renew my corporation without penalties.

Also I would like to bring to your attention that at no moment did I ever change the registered agent. I am the only officer and the registered agent. I noticed in the form I downloaded from the internet that a new person appears as the registered agent. I do not know this person nor did I ever authorize this change. I can only assume this was a printing mistake. Please correct your record accordingly. Due to my business it is very important that all information be correct and my corporation be up to date.

Sincerely,

Pablo J. Vira