

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000014692			
1. Corporation Name CARIBBEAN WATER SYSTEMS, INC.			
2914 NE 8th Street			
2. Principal Office Address 2914 NE 8th Street		3. Mailing Office Address	
Suite, Apt. #, etc. #101		Suite, Apt. #, etc.	
City & State Oakland Park, FL		City & State	
Zip 33334	Country	Zip	Country
		4. Date incorporated or Qualified To Do Business in Florida 2/08/02	
		5. FEI Number 04-3606331	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Daniel B. Darmetko			
Street Address (P.O. Box Number is Not Acceptable) 2914 NE 8th Street			
Suite, Apt. #, Etc. #101			
City Oakland Park		State / Zip Code FL 33334	
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 10-8-04	
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
P	Daniel S. Darmetko	2914 NE 8th Terrace, #101	Oakland Park, FL 33334
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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 10-8-04 954-567-9965	
		Daytime Phone # _____	

Daniel B. Darmetko
2914 NE 8th Street, #101
Oakland Park, FL 33334

October 8, 2004

Department of State
409 East Gaines Street
Tallahassee, Florida 32399

Re: Reinstatement of Corporations:
Caribbean Water Systems, Inc. - P02000014692
Aquatic Fantaseas, Inc. - P99000039437

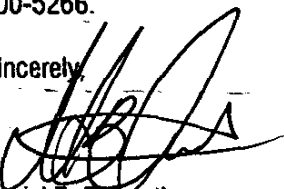
Dear Sir or Madam:

It has recently been brought to my attention that my two corporations have been dissolved due to lack of filing of an annual report. I did not receive any notification for filing either report for 2003 or 2004 and due to ignorance was not aware of the necessity of filing this every year. In fact, this matter was in the hands of my attorney at the time who failed to advise me of this fact.

I have enclosed two checks, each in the amount of \$300.00, to cover the filing fees for the years 2003 and 2004 for both Caribbean Water Systems, Inc. and Aquatic Fantaseas, Inc. and ask that under the circumstances if you would please waive the reinstatement penalty fee. I am also enclosing the appropriate forms for reinstatement as instructed.

Thank you for your kind assistance in this matter. I will take the proper steps to avoid a situation like this in the future. If you need any further information, please contact me at 954-600-5266.

Sincerely,



Daniel B. Darmetko

DBD:cas
Encl.