

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -8 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000019440

1. Corporation Name

Aquadyne, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

1743 SE 13th Street

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34471

Country

USA

3. Mailing Office Address

P.O. Box 1021

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34478

Country

USA

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

2/18/2002

5. FEI Number

30-0077251

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

100028068411
02/03/04--01004--011 **758.75

7. Name and Address of Current Registered Agent

Name

David H. Peek

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

1301 Riverplace Boulevard

Suite, Apt. #, Etc.

Suite 1609

City

Jacksonville

State

FL

Zip Code

32207

100028068411
03/10/04--01078--008 **14.25

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

Date

1/29/04

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
D	Thomas W. Peek	1743 SE 13th Street	Ocala, FL 34471
D	Tam Thompson	7431 NW 14th Street	Ocala, FL 34482
D	David H. Peek	1301 Riverplace Blvd, Suite 1609	Jacksonville, FL 32207

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:

David H. Peek

1/29/2004 (904) 399-1609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)