

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION OF CORPORATIONS

06 OCT 10 AM 8:57

DOCUMENT # PO2000091970

1. Corporation Name

Aquatic Works, Inc.

2. Principal Office Address

8573 N.W. 18th Place

Suite, Apt. #, etc.

3. Mailing Office Address

8573 N.W. 18th Place

Suite, Apt. #, etc.

City & State

Coral Springs, Fl.

City & State

Coral Springs, Fl.

Zip

33071

Country

USA

Zip

33071

Country

USA

REINSTATEMENT

05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/2002

5. FEI Number

75-3078225

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

Kathryne McMahon

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

8573 N.W. 18th Place

Suite, Apt. #, Etc.

City

Coral Springs,

State

FL

Zip Code

33071

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

Kathryne McMahon

Date 09/25/2006

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	Kathryne McMahon	8573 N.W. 18th Place	Coral Springs, FL 33071

010020307590
09/29/06--01051--021 **300.00

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 contained in Chapter 119, 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:

Kathryne McMahon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/25/2006

Date

Daytime Phone #

2 of 2

M A S
PO BOX 771210
Coral Springs, Fl. 33077-1210
954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

10/09/06

Florida Department of State
PO BOX 6327
Tallahassee, Fl. 32314

Re: Aquatic Works, Inc.
Doc # P02000091970

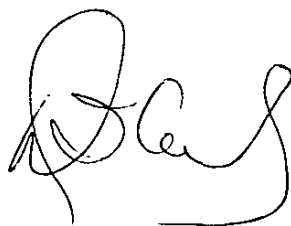
We have enclosed a copy of the letter you have sent back to our client.
We noted in the original letter that the client had moved and had not received notice of renewal.

While in our office, it is standard practice for us to check corporate status and it was during her visit that we determined that she had to renew her corporation. She immediately provided the funds to reinstate the corporation, but since she was not in receipt of any prior notification, was it possible to get the state to forgo the penalty?

Therefore we are requesting reinstatement on behalf of Aquatic Works, Inc. based on the change of address and failure to have received any prior notification.

Should you have any questions, please contact my office.

Thank you,
Sincerely,

A handwritten signature in black ink, appearing to read 'David Hernandez', with a stylized, flowing script.

David Hernandez