

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2007 APR 10 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Thalassa Ventures Corporation

2. Principal Office Address - No P.O. Box #

1401 South Joyce Street

3. Mailing Office Address

1401 South Joyce Street

Suite, Apt. #, etc.

Apt. 510

Suite, Apt. #, etc.

Apt. 311

City & State

Arlington, VA

City & State

Arlington, VA

Zip

22202

Country

USA

Zip

22202

Country

USA

700098022767  
04/23/07--01047--023 \*\*450.00

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

November 8, 2002

5. FEI Number

35-2191171

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 **W. Edward McLeod, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**284 Park Avenue, N.**

Suite, Apt. #, Etc.

City **Winter Park**

State  
**FL**

Zip Code  
**32789-7404**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*W. Edward McLeod, P.A.*  
REGISTERED AGENT MUST SIGN

Date **4/5/2007**

**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	Philippe Cousteau	1401 South Joyce Street, Apt. 510	Arlington, VA 22202
T	Janice Cousteau	1401 South Joyce Street, Apt. 311	Arlington, VA 22202
S	Alexandra Cousteau	1401 South Joyce Street, Apt. 311	Arlington, VA 22202

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:

*P Cousteau*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

703-415-0075

Daytime Phone #