

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -9 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000114642

1. Corporation Name

Aquatics Direct, Inc

900162634863
11/09/09--01021--014 **450.00

CR2E081 (10/09)

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

29423 CANAL ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 421202

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/2003

5. FEI Number

010800061

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 additional Fee required
for a Certificate of Status

City & State

BIG PINE

Zip

33043

Country

USA

City & State

SUMMERLAN KEY

Zip

33042

Country

USA

7. Name and Address of Current Registered Agent

Name

GRADY SULLIVAN

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

29434 CANAL ST

Suite, Apt. #, Etc.

City

BIG PINE KEY

State

FL

Zip Code

33043



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 section 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/6/2009

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	STEPHEN SULLIVAN	3029 PINE AV	BIG PINE KEY FL 33043
ST	GRADY SULLIVAN	329434 CANAL ST	BIG PINE KEY FL 33043

REINSTATEMENT

RH

10. E-mail Address: SALES@AQUATICSDIRECTINC.COM

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/2009 305 923 9993

Date

Daytime Phone#