

2008

FOR PROFIT CORPORATION  
REINSTATEMENT

Page 182

FILED

08 APR 25 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 004000079436

1. Entity Name

Aquarius Furniture Mfg Corp

Principal Place of Business

Mailing Address



2. Principal Place of Business

2047 W 62 St

Suite, Apt. #, etc.

3. Mailing Address

2047 W 62 St

Suite, Apt. #, etc.

City &amp; State

Hialeah, FL

Zip

33016

Country

US

City &amp; State

Hialeah, FL

Zip

33016

Country

US

4. FEI Number

201186739

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Eric J. Fonte

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

17011 N Boy Rd # 816

City

North Miami Beach FL

Zip Code

33160

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/18/08

DATE

9. Election Campaign Financing  
Trust Fund Contribution.☐\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

|                |                   |                                            |
|----------------|-------------------|--------------------------------------------|
| TITLE          | PS                | <input checked="" type="checkbox"/> Delete |
| NAME           | Auendano, Rommel  |                                            |
| STREET ADDRESS | 457 W 27 St       |                                            |
| CITY-ST-ZIP    | Hialeah, FL 33010 |                                            |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                             |                                                                              |
|----------------|-----------------------------|------------------------------------------------------------------------------|
| TITLE          | President                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Fonte Eric J                |                                                                              |
| STREET ADDRESS | 17011 N Boy Rd # 816        |                                                                              |
| CITY-ST-ZIP    | North Miami Beach, FL 33160 |                                                                              |

|                |                               |                                                                   |
|----------------|-------------------------------|-------------------------------------------------------------------|
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 800129235068                  |                                                                   |
| STREET ADDRESS | 05/14/08--01006--018 **158.75 |                                                                   |
| CITY-ST-ZIP    |                               |                                                                   |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

|                |                               |                                                                   |
|----------------|-------------------------------|-------------------------------------------------------------------|
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 600121106016                  |                                                                   |
| STREET ADDRESS | 03/25/08--01002--011 **450.00 |                                                                   |
| CITY-ST-ZIP    |                               |                                                                   |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08

Date

766) 926-4191

Daytime Phone #

2/4/08

Page 2 of 2

AQUARIUS FURNITURE MFG CORP  
2047 W 62 ST  
HIALEAH, FL 33016

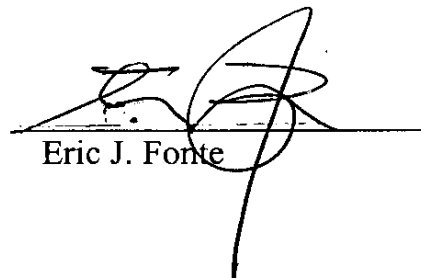
March 18, 2008

To Whom It May Concern:

This is a brief letter stating that I did not receive any postcard or notice Reminding me of the Uniform Business Report of my company Aquarius Furniture Mfg. Corp With Document # P04000079436. Along with this Business Report for the years of 2006-2007-2008.

If you need further assistance please feel free to contact us. Thank you in advance for your help.

Sincerely,



Eric J. Fonte