

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000116455

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** AQUATIC SOLUTIONS LAKE AND HABITAT MANAGEMENT INC.

**Current Principal Place of Business:**

1450 STRADA D ORO  
VENICE, FL 34292

**New Principal Place of Business:**

**Current Mailing Address:**

1450 STRADA D ORO  
VENICE, FL 34292

**New Mailing Address:**

**FEI Number:** 11-3825862

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DRUM, KEITH J  
1450 STADA D ORO  
VENICE, FL 34292 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: KEITH J. DRUM

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: DRUM, KEITH J  
Address: 1450 STADA D ORO  
City-St-Zip: VENICE, FL 34292

Title: S  
Name: DRUM, KEITH J  
Address: 1450 STADA D ORO  
City-St-Zip: VENICE, FL 34292

Title: VP/D  
Name: JENSEN, ARTHUR T JR  
Address: 3628 PARKINS TERRACE  
City-St-Zip: NORTH PORT, FL 34286

Title: VP/D  
Name: JENSEN, ARTHUR T JR  
Address: 3628 PARKINS TERRACE  
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEITH J. DRUM

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRE

04/17/2012

\_\_\_\_\_  
Date