


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 JAN 26 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000082527**

1. Corporation Name
Aquatects, Inc.

100087360181
02/05/07--01013--015 **2408.75

2. Principal Office Address 3991 Spanish Moss Cove		3. Mailing Office Address 3991 Spanish Moss Cove	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Gulf Breeze		City & State Gulf Breeze	
Zip 32563	Country USA	Zip 32563	Country USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida **11/23/1993**

5. EFL Number **593213181** 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 **Joseph H. Cox III**

Street Address (P.O. Box Number is Not Acceptable) **3991 Spanish Moss Cove**

Suite, Apt. #, Etc.

City **Gulf Breeze** State **FL** Zip Code **32563**

Handwritten: B. 1/29/07

REINSTATEMENT 96-07

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 *Joseph H. Cox III* Date **11/29/2006**

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
P	Joseph H. Cox III	3991 Spanish Moss Cove	Gulf Breeze/ Florida/ 32563

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: *Joseph H. Cox III* Joseph H. Cox III 11/29/2006 850-932-1938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #