

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR 22 AM 8:48

TALLAHASSEE, FLORIDA

DOCUMENT # P94000076954

1. Corporation Name

AQUATIC INTERIORS, INC.

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

210 SE BAYVIEW #1

Suite, Apt. #, etc.

3. Mailing Office Address

1445-D SW 25 AVE

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

Zip

33435

Country

USA

Zip

33426

Country

USA

700172799707
03/22/10--01055--025 **450.00

CR2E081 (11/09)

REINSTATEMENT
4. Date incorporated or Qualified
To Do Business in Florida 10-17-1994

5. FEI Number

65-0529141

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

CHARLES W. WOOLDRIDGE, III

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

1445-D SW 25 AVE.

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33426

☒ 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

Charles W. Wooldridge, III

REGISTERED AGENT MUST SIGN

Date 3/18/2010

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
PRES.	CHARLES W. WOOLDRIDGE, III	1445-D SW 25 AVE	BOYNTON BEACH, FL 33426

10. E-mail Address: AQUATICINTERIORS@COMCAST.NET

(To be used for future annual report notification)

11. 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. 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:

Charles W. Wooldridge, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/2010 561-251-5422

Date

Daytime Phone #

5 March MAR 22 2010