PLEASE READ	ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM. MINE
ORIDA DEPARTMENT OF STATE		FILED
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TLINOTATEMENT WIS NOF COMPORATION		97 FEB 10 PM 4:00
DOCUMENT # \$0500000000		SECRETARY OF STATE TALLAHASSEE, FLORIDA
1. Corporation Name AD., ATRONICS TWT'L. INC.		TALLAHASSEE, FLOHIUM
AQUATRONICS TUT'L.INC.		·
Principal Place of Business Mailing Address		_
3350 NW21 Street		
miami, FL 33142		•
If above addresses are incorrect in any way line thr	ough incorrect information and enter correction below.	
2. New Principal Office Address. If Applicable	New Mailing Office Address, If Applicable	Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	To Do Business in Florida TAN: 13, 1995 5. FEI Number Applied For
Cly & State	City Plantation	65-0549649 Not Applicable
Zip Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status.
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Trtle(s) Name of Officers and/or Directors	Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box	or City / State / Zip
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tres. Leslie van Esso Ditado 10511 1100 14 St. Plantation, 33322		
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		1 267
		9. Name and Address of New Registered Agent
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Suite 502		ntation
Comp 60 km FL 33/34 City FL		State Zip Code FL 33322
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.		
Signature of Registered Agent Date 2/6/97.		
REGISTERED AGENT MUST SIGN		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for information on intangible tax.)		
12. 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 filling		
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 under section 119.07(3)(i), F.S. The information indicated		
on this application is true and accurate, and my sig	inature shall have the same legal effect as if made unde	er oath.
Clossified P in 1		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Bale Dayling Phone #		
SIGNIFIUME AND TYPED OR PRIN	TED NAME OF SIGNING OFFICER OR DIRECTOR	#ale Davima Phone #