

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 MAY 11 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PA5000049264

1. Corporation Name

Ozona Aquatics, Inc.

2. Principal Office Address

P.O. Box 2413

Suite, Apt. #, etc.

City & State

Palm Harbor

Zip

34682

Country

Pinellas

3. Mailing Office Address

P.O. Box 2413

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34682

Country

Pinellas

REINSTATEMENT

96-00

4. Date Incorporated or Qualified
To Do Business in Florida

6/20/95

5. FEI Number

59-3317916

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

Ramon E. Keilman

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

1759 Leo Lane South

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33755

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

Ramon E. Keilman

Ramon E. Keilman

Date **4/25/00**

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-T-D	Ramon E. Keilman	1759 Leo Lane South	Clearwater, FL 33755
S-D	Kenneth L. Keilman	1419 Aries Lane, #3	Clearwater, FL 33755

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 under section 119.07(3)(i), 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: *Ramon E. Keilman* **Ramon E. Keilman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00
Date

727-781-5530
Daytime Phone #

KE

CR2E081 (9/99)