


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		JUN - 4 PM 3:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P95000080034					
1. Corporation Name AQUA-TECH SERVICES, INC. <i>W99-10082</i>					
Principal Place of Business 185 N HOLIDAY RD DESTIN, FL 32541		Mailing Address 185 N HOLIDAY RD DESTIN, FL 32541			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida OCT 18, 1995	
5. FEI Number 59-3331360				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P.	MARTIN L RICHARDSON	185 N HOLIDAY RD	DESTIN, FL 32541		
VP	RONALD W TAPLEY	185 N HOLIDAY RD	DESTIN, FL 32541		
VP	JOSEPH F KOZLOWSKI	185 N HOLIDAY RD	DESTIN, FL 32541		
				000002905870--8 --06/16/99--01003--004 ***1200.00 ***1200.00	
8. Name and Address of Current Registered Agent JAMES G. DULAR P.O. BOX 4772 FORT WALTON BEACH, FL 32549			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 647 Porpoise Ave Suite, Apt. #, Etc. Fort Walton Beach FL 32548 City State FL Zip Code		
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 <i>James G. Dular</i> REGISTERED AGENT MUST SIGN Date 4/20/99					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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 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. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: <i>Martin L Richardson</i> MARTIN L RICHARDSON 4/20/99 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone: #					

CR2081 (12-98)