

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P916000024015

1. Corporation Name

OCEANVIEW AQUARIUMS, INC.

W-30071

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-01

2. Principal Office Address <u>10061 W. Hillsborough Ave.</u> Suite, Apt. #, etc. <u>Suite 117</u>		3. Mailing Office Address <u>same</u> Suite, Apt. #, etc.	
City & State <u>Tampa, FL</u>		City & State	
Zip <u>33615</u>	Country <u>USA</u>	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <u>3/13/96</u>			
5. FEI Number <u>59-3364176</u>			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			

7. Name and Address of Current Registered Agent			
Name <u>JAMES L. CLARK, ESQ.</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1902 So. MacDill Avenue</u>			
Suite, Apt. #, Etc.			
City <u>Tampa</u>		State <u>FL</u>	Zip Code <u>33629</u>

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

James L. Clark

REGISTERED AGENT MUST SIGN

Date Jan 8, 2001

CR2E081 (9/99)

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
PSTD.	<u>DONALD MCMILLON</u>	<u>11411 PALM PASTURE DRIVE</u>	<u>TAMPA, FL 33635</u>

LS

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: Katherine Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/00 813 885 4212
Date Daytime Phone #