

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 10 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA6000024015**

1. Corporation Name

OCEANVIEW AQUARIUMS, INC.

W-30071

2. Principal Office Address

10061 W. Hillsborough Ave.

Suite, Apt. #, etc.

Suite 117

City & State

Tampa, FL

Zip

33615

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

99-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/13/96

5. FEI Number

59-3364176

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

JAMES L. CLARK, ESQ.

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

1902 So. MacDill Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33629

500003536555-5

-01/12/01--01103--012

***1050.00 ***1050.00

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

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.	DONALD McMILLON	11411 PALM PASTURE DRIVE	TAMPA, FL 33635
			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/14/00

Daytime Phone #

813 885 9212