

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000037329

1. Entity Name  
SEA CLEAR AQUARIUM AND PET CENTER, INC.



FILED

2006 OCT 10 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2864 RINGLING BLVD.  
SARASOTA, FL 34237

Mailing Address  
2864 RINGLING BLVD.  
SARASOTA, FL 34237

2. Principal Place of Business  
14929 TAMiami TRAIL  
Suite, Apt. #, etc.

3. Mailing Address  
14929 TAMiami TRAIL  
Suite, Apt. #, etc.



10062006 REIN-P CR2E098 (11/05)

City & State  
NORTH PORT FL  
Zip 34287 Country USA

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NORTH PORT FL  
Zip 34287 Country USA

4. FEI Number  
65-0658073  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MCDANIEL, ROBERT S JR  
1444 FIRST STREET  
SARASOTA, FL 34236

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTIS, RICHARD W 2864 RINGLING BLVD SARASOTA, FL 34237	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTIS, RICHARD W 14929 TAMiami TR. NORTH PORT FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900080692489 10/10/06--01066--004 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to an address, with all other like empowered.

SIGNATURE: RICHARD W BETTIS  
Signature and typed or printed name of signing officer or director

10/6/06 (941) 429-0349  
Date Daytime Phone #

10/12/06