

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -7 PM 2:37

DOCUMENT # P96000057334

1. Corporation Name

MARICULTURE SYSTEMS, INC.

51 WEST DAYTON STREET
51 WEST DAYTON STREET

2. Principal Office Address

51 WEST DAYTON STREET

3. Mailing Office Address

51 WEST DAYTON STREET

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

SUITE 102

City & State

EDMONDS, WASHINGTON

City & State

EDMONDS, WASHINGTON

Zip

98020-4111

Country

USA

Zip

98020-4111

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 8, 1996

5. FEI Number

65-0677315

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

500037719665
06/07/04--01027--001 **908.75

03-04

7. Name and Address of Current Registered Agent

Name

ROBERT Z GARTZMAN

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

21560 TOLEDO ROAD

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33433

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

REGISTERED AGENT MUST SIGN

Date 4 JUNE 2004

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
CCEO	MEILAHN, DAVID E	7219 196TH STREET SW, #C3	LYNNWOOD, WA 98036
DVP	LUCE, RICHARD J	20105 27TH STREET SE	SNOHOMISH, WA 98290
VP	WEBSTER, GEORGE R	16355 DENSMORE AVENUE N	SHORELINE, WA 98133
D	JONAS, DON N	5023 CLAREMONT WAY	EVERETT, WA 98203
D	JANECZKO, ROBERT J	525 WEDGEWOOD TERRACE	METAMORA, IL 61548
D	ATHANAS, BARBARA J	2905 152ND PLACE SE	MILL CREEK, WA 98012

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

2 JUNE 2004

Date

(425) 778-5975

Daytime Phone #

619