

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

01 MAR 14 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000089731

1. Corporation Name

The Ideal Aquarium, Inc

2. Principal Office Address

9223 Spyglass Ct

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33615

Country

U.S.A.

3. Mailing Office Address

9223 Spyglass Ct

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33615

Country

U.S.A.

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

Oct. 31, 1996

5. FEI Number

59-3410858

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

Wade M. Cole Jr.

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

9223 Spyglass Ct.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33615

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

Wade M. Cole Jr.

REGISTERED AGENT MUST SIGN

Date 3/12/01

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
Pres. Sec. Treas.	Wade M. Cole Jr.	9223 Spyglass Ct. Tampa FL 33615	Tampa FL 33615

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:

Wade M. Cole Jr.

Wade M. Cole Jr.

3/12/01

Date

813-

886-8898

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR