

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 8:30

DOCUMENT # P96000100951

1. Corporation Name

AQUARIUS PRODUCTIONS, INC.

Principal Place of Business

3116 Gifford Lane
Miami, FL 33133

Mailing Address

444 Brickell Ave.
Ste. 51-430
Miami, FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

444 Brickell Ave.

3. New Mailing Office Address, If Applicable

444 Brickell Ave.

Suite, Apt. #, etc.

Ste. 51-430

Suite, Apt. #, etc.

Ste. 51-430

City & State

Miami, FL 33131

City & State

Miami, FL 33131

Zip

Country

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida

12/13/96

5. FEI Number

65-0723866

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Yves La Chapelle	3116 Gifford Lane	Miami, FL 33116

400003409044-5
-03/29/00--01016--010
*****550.00 *****550.00

8. Name and Address of Current Registered Agent

Yves La Chapelle
3116 Gifford Lane
Miami, FL 33133

9. Name and Address of New Registered Agent

Name

Raul A. de la Campa

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

444 Brickell Ave. Ste. 51-430

Suite, Apt. #, Etc.

Miami, FL 33131

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Raul A. de la Campa

REGISTERED AGENT MUST SIGN

Date

9/20/2000

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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

9/20/2000

Date

(305) 371-4046

Daytime Phone #

CR2E040 (1/98)