

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -5 AM 10:02

DOCUMENT # 897000047242

1. Corporation Name
AQUATIC SPECIALTIES, INC

2. Principal Office Address

3700 NW 124TH AVE

Suite, Apt. #, etc.

Suite # 121

City & State

CORAL SPRINGS, FL

Zip

33065

Country

BROWARD

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-29-97

5. FEI Number

65-0757786

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

RICHARD S. PILLINGER

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

3300 UNIVERSITY DR

Suite, Apt. #, Etc.

408

City

CORAL SPRINGS

900003422399-1

-10/12/00--01021--09

****150.00 ****150.00

State

FL

Zip Code

33071

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

Richard S. Pillinger

REGISTERED AGENT MUST SIGN

Date 10/2/00

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	STEVEN R LUCAS	1382 NW 100 AVE	CORAL SPRINGS FL, 33071
VP	DENISE M LUCAS	SAME	SAME
SEC			

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:

Steven R Lucas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN R LUCAS, PRES

Date

9-30-00

Daytime Phone #

954

255-2994

CR2E081 (9/99)



3700 NW 124th Avenue
Suite 121
Coral Springs, FL 33065
Office (954) 255-2994 Fax (954) 346-5386
CPCO 054846

October 3, 2000

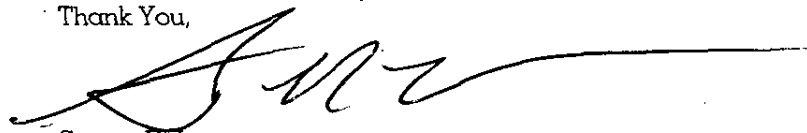
Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Aquatic Specialties, Inc Reinstatement

Please be advised that we noticed that we were not sent, nor did we pay, for the 2000 renewal. We then contacted you to find out the reason why. We were told that your computer had all the wrong data. We had updated our information in 1999 and evidently it was not updated in your computer.

We are requesting that the late fees and penalties be waived. Included is the payment for the standard renewal.

Thank You,



Steven R. Lucas
President