

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1*

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE  
Sanfilippo, William  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 NOV 19 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000084911**

1. Corporation Name

LA MER AQUARIUMS, INC.

Principal Place of Business

Mailing Address

~~1433-B ALTON ROAD~~ **1209 17TH ST.** ~~1433-B ALTON ROAD~~ **1209 17TH ST.**  
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139



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

2. New Principal Office Address, If Applicable

**1209 17TH ST.**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**1209 17TH ST.**  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/30/1997**

5. FEI Number

**65-0785453**

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
1	2	3	4
PD	LOPEZ, CAREY M	1433-B ALTON ROAD	MIAMI BEACH FL 33139

100002694531--0  
-11/23/98--01146--003  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOPEZ, CAREY M

~~1433-B ALTON ROAD~~ **1209 17TH ST.**  
MIAMI BEACH FL 33139

Name

**CAREY M LOPEZ**

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

**1209 17TH ST.**

Suite, Apt. #, Etc.

City

**MIAMI BEACH FL**

State

**FL**

Zip Code

**33139**

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **11/11/98**

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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/11/98**

Date

**305-673-0306**

Daytime Phone #



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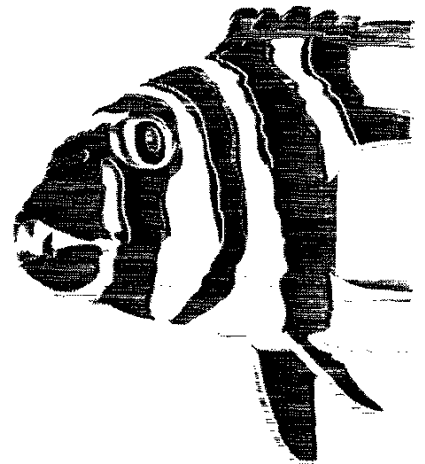
To whom it may concern?

I, Carey Lopez, the president of La Mer Aquariums Inc., never received a warning of cancellation of my corporation. I spoke with a representative of the state of Florida and he recommended that I write this letter to explain. The business has been operating at a different address for one years time . All sales taxes and licenses has been paid or renewed. This revocation is clearly a mistake. I am sending \$150.00 to reinstate my company as a Florida corporation. Please be sure to enter my current address into your file so we do not have any more troubles. Thank you.

Sincerely,  
Mr. Carey M. Lopez  
President of La Mer Aquariums Inc.

Phone: 305-673-0306

 11/11/98



1209 17th Street  
Miami Beach, FL 33139  
Phone 305.673.0306