PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING REPORTS 2

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	CO-CC	542

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

FILE

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44-00AK	DIVISION OF CORPORATIONS	CEPDETA DV RU STATE
DOCUMENT # P980 1. Corporation Name BARSE AGUARI	00024712 Us, Inc.	SECRETIARY OF STATE TALLARIASSEE, FLORIDA
2. Principal Office Address 2419 TAMARINA DA Suite, Apt. #, etc. City & State	3. Mailing Office Address 2419 TAMARING Dr. Suite, Apt. #, etc. City & State FT. Pierre, Fl Zip Country	4. Date Incorporated or Qualified To Do Business in Florida MAR. 16, 1998 5. FEI Number Applied For
J-T. PIERCE, FI	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required
34949 U.S.	34949 U.S.	CERTIFICATE OF STATUS DESIRED for a Certificate of Status
Street Address (P.O. Box Number is N 3 3 3. Suite, Apt. #, Etc. City Vevo B Signature of Registered Agent Paul R Registered Agent	3 20 15 STREET Seach ve named corporation, am familiar with and accept to A Jey-	TODOS1748473 -03/22/0001006006 ****300.00 ****300.00 State Zip Code FL 32960 ne obligations of section 607.0505 or 617.0503, F.S. Date 3/15/00
9. Names and Street Addresses of Each Officer and	EGISTERED GOONT MUST SIGN	at least 3 directors)
Titles Name of Officers and/or Directors	Street Address of	Each , City / State / 7in
PO John McCull	ey 2419 TAMARI	nd Dr. FTPierce, Fl 34949
UD MARGARET F. MCC	Julley 2419 TAMARI	nd Dr. FT Pierce, Fl 34949
		KE

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 filling 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:

Marguet J. M. Culley SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1500 561-595-9058

Daytime Phone

CR2E081 (9/9

16.20F2

McCulley Marine Services, Inc.

2419 Tamarind Dr. Fort Pierce, Fla. 34949 561-489-6069

Tugs and Barges

The Artificial Reef Builders

Margaret Faye McCulley John "Boo" McCulley Accredited Marine Surveyor

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

Re: Barge Aquarius, Inc.

To whom it may concern:

I have contacted your office and they informed me that the notice for filing was returned due to an incorrect mailing address.

Enclosed is payment of \$ 300.00 for reinstatement.

Sincerely:

Allen V. McCulley

Port Captain