PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 JAN 29 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000038367

REINSTATEMENT 00-02

1. Corporation Name

Aquarius by the Sea, Inc

2. Principal Office Address	3. Mailing Office Address
3967 NE 168th ST.	2201 Collins Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Miami Beach	City & State: Miami Beach
Zip: 33160 Country: DADE	Zip: 33139 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 4/27/1998

5. FEI Number: 650835905 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Lana Callen

Street Address (P.O. Box Number is Not Acceptable): 865 N Shore Dr.

Suite, Apt. #, Etc.: Miami Beach

City: Miami Beach | State: FL | Zip Code: 33141

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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: Lana Callen — Date: 1/10/2002

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
D	Lana Callen	2201 Collins Ave Miami Beach	FL 33139
D	Claire Callen	2201 Collins Ave	Miami Beach FL 33139
D	Robin Callen	2201 Collins Ave	Miami Beach FL 33139

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: Lana Callen — 1/10/2002 — (305)868-6088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #