

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 6:47

DOCUMENT # P98000045122

1. Corporation Name

AQUARIUMS BY THE SEA, INC.

Principal Place of Business

892 N.E. 41 PLACE
POMPANO BEACH FL 33064

Mailing Address

2408 N.W. 91 AVE
CORAL SPRINGS FL 33065

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/1998

5. FEI Number

65-0837605

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	City / State / Zip
P	D'ALESSIO, JANET	2720 Forest Hills Blvd. Coral Springs FL 33065	CORAL SPRINGS FL 33065

800004669058--4
-11/06/01--01057--014
****150.00 ****150.00

8. Name and Address of Current Registered Agent

D'ALESSIO, JANET
2408 N.W. 91 AVE
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name
Janet D'Alessio
Street Address (P.O. Box Number is Not Acceptable)
2720 Forest Hills B
Suite, Apt. #, Etc.
204
City
Coral Springs
State
FL
Zip Code
33065-5494

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 10-18-01

AD

11. 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

10-18-01 954-346-7268

Date

Daytime Phone #

2

M A S
3000 N UNIVERSITY DRIVE
SUITE E
CORAL SPRNGS, FL 33065
Tel # 954-346-7288
Fax # 954-346-7217

October 18, 2001

Uniform Business Report Filing
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: UBR/P98000045122/AQUARIUMS BY THE SEA, INC.

To Whom It May Concern:

This is to request acceptance of the enclosed corporate renewal filing/reinstatement. The client did not receive the UBR until now; it was delivered to the new address outside of the envelope, which is different from the mailing address, the Department of State UBR form.

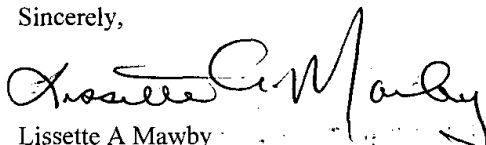
It is the client's responsibility to file the corporate annual report. We do not file the corporate annual report for our clients unless is given to us for filing.

Enclosed find check for \$150.00 for the filing fee.

Should you have any questions, please do not hesitate to call the office.

Thank you, for your assistance in this matter.

Sincerely,



Lissette A Mawby
For Aquariums by the Sea, Inc.