

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

99 NOV -2 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P98000069365

1. Corporation Name
AQUA FOODS, INC.

Principal Place of Business 20423 STATE ROAD 7 SUITE 333 BOCA RATON FL 33498	Mailing Address 20423 STATE ROAD 7 SUITE 333 BOCA RATON FL 33498
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 08/05/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 650896637	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	City / State / Zip
Pres	Wally Morris	20423 S.R. 7 #333	BOCA RATON FL 33498

REINSTATEMENT 99

000003046450--7
-11/16/99--01103--005
***750.00 ***750.00

8. Name and Address of Current Registered Agent JOSEPH, LANCE 9990 S.W. 77TH AVENUE SUITE PH-9 MIAMI FL 33156		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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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: _____ Date: 10-22-99
REGISTERED AGENT MUST SIGN

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: WALLY MORRIS _____ Date: 10/20/99 Daytime Phone #: 561-218-1536

CR23E140 (8/99)