

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 18 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 998000085498

1. Corporation Name

A Aqua Clear Systems Inc.

2. Principal Office Address

16880 GATOR Rd

Suite, Apt. #, etc.

, 203

City & State

Ft Myers, FL

Zip

33912

Country

Lee

3. Mailing Office Address

P.O. Box 6135

Suite, Apt. #, etc.

City & State

Ft Myers FL

Zip

33906-1635

Country

Lee

4. Date Incorporated or Qualified
To Do Business in Florida

10/98

5. FEI Number

65-0867128

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

§ 607.0503 Add Special Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Daniel Young

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

5789 Beechwood Trl

Suite, Apt. #, Etc.

City

Ft Myers

State

FL

Zip Code

33919

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

N/A

Date

REGISTERED AGENT MUST SIGN

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
CEO	Daniel Young	5789 Beechwood Trl	Ft Myers, FL 33919

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Young

3-13-03

Date

239-437-3060

Daytime Phone #

CR2E001 (10/02)