


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

P518L

<b>DOCUMENT # P98000091043</b> 1. Entity Name <b>NEPTUNE AQUATIC FARMS, INC.</b>						<b>FILED</b> <b>05 MAR -9 AM 11:20</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA <b>REINSTATEMENT</b>	
Principal Place of Business <b>4510 COLONY RD NEW SMYRNA BEACH, FL 32168</b>				Mailing Address <b>4510 COLONY RD NEW SMYRNA BEACH, FL 32168</b>			
2. Principal Place of Business		3. Mailing Address		 01062005 REIN-P CR2E098 (6/04)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
4. FEI Number <b>59-3541261</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent <b>ELLIOTT, MICHAEL D 2840 FOREST EDGE DR. DELTONA, FL 32725</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$900.00</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ELLIOTT, MICHAEL D</b> <b>2840 FOREST EDGE DR.</b> <b>DELTONA, FL 32725</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MUREHISON, CHRISTOPHER J</b> <b>4510 COLONY RD</b> <b>NEW SMYRNA BEACH, FL 32168</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500048498805</b> <b>03/16/05--01006--007 **300.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE: x</b> 				<b>02-28-05</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			

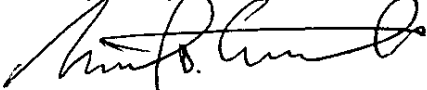
PS 282

## Neptune Aquatic Farms

To: State Of Florida – Corporate ReInstatement

We are applying for Corporate reinstatement because we were administratively dissolved last year As per letter # 005A00001139. We were practically out of business since the three hurricanes, and a tornado spawned by the last hurricane hit our property and caused major damage. We are a small farm struggling to get back on our feet financially, trying to rebuild the barn and damage to our property, where our records were kept.. At the end of last year we did send in a check for 150.00 ,as we thought we were complying with the annual corporate fee due each year, even though it was late. If we have to pay the 600.00 reinstatement fee, it would put a hardship on our recovery effort to get back into business. Therefore we are sending in 300.00 and the reinstatement form, with hope that an exception could be made this one time, as we will not be late again. Also, we did not receive the original/second notice annual report. We got the address off of the previous years form and sent in a check.

Thank you for your cooperation in this matter.



Michael D. Elliott

2-28-05