PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 DEC 13 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000007289

1. Corporation Name
AQUATIC IMAGES AND LANDSCAPE DESIGN, INC.

REINSTATEMENT 00 SP

2. Principal Office Address	3. Mailing Office Address
451 LYNN STREET	451 LYNN STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OVIEDO, FLORIDA	City & State: OVIEDO, FLORIDA
Zip: 32765 Country: USA	Zip: 32765 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida 01/26/1994

5. FEI Number 59-3355821 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: FREDERICK RICHARD EVANS, II 700003505987--5
-12/19/00--01066--011
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 451 LYNN STREET

Suite, Apt. #, Etc.

City: OVIEDO State: FL Zip Code: 32765

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: X _____ Date 12/08/00
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
P/ST/D	FREDERICK RICHARD EVANS, II	451 Lynn Street	Oviedo, FL 32765
V/D	SUSAN J. EVANS	451 Lynn Street	OVIEDO, FL 32765

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: X _____ 12/8/00 Date 407-971-9941 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FREDERICK RICHARD EVANS, II