

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUL -9 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000039437

1. Corporation Name

AQUATIC FANTASEAS, INC.

2. Principal Office Address

2914 NE 8th TERRACE

Suite, Apt. #, etc.

#101

City & State

OAKLAND PARK FL

Zip

33334

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/00 9023 018150.00
4/26/1999

5. FEI Number

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

DANIEL B. DARMETKO

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

2914 NE 8th TERRACE

Suite, Apt. #, etc.

#101

City

OAKLAND PARK

State

FL

Zip Code

33334

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6-21-01

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
PD	DANIEL B. DARMETKO	2914 NE 8th TERRACE #101	OAKLAND PARK, FL 33334

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 6-21-01

Date

(954)

X 557-4284

Daytime Phone #

CR2E081 (9/00)

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AQUATIC FANTASEAS, INC.
2914 NE 8th Terrace, Apt. 101
Oakland Park, Florida 33334

June 21, 2001

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Administrative Dissolution of Aquatic Fantaseas, Inc.


Dear Sir or Madam:

Pursuant to my telephone conversation with one of your representatives, I am enclosing my application for reinstatement of the above referenced corporation along with a check for \$150.00 to cover the fees for my 2001 Uniform Business Report. My corporation was dissolved for not sending in my 2000 Annual Report. I am requesting that you kindly waive the reinstatement fees due to the fact that my 2000 Annual Report was sent on time and that my check no. 743 for \$150.00 was processed and verified by your department.

I never received any correspondence indicating that there was a problem and not until I received notice that my corporation was dissolved did I know there had been. Upon inquiry I was informed I needed to obtain a Federal Employer Identification number. I have applied for this number. Unfortunately, I had to send it via mail due to an inability to get through their phone lines. I am enclosing a copy of the application for your reference. Please note that up until this time I have not conducted any business under this corporation, but wish to straighten this matter out so that I may begin.

I would greatly appreciate your kind attention to this matter.

Very truly yours,



Daniel B. Darnetko
President