


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
W04000037965

DOCUMENT # P99000039437

1. Corporation Name
AQUATIC FANTASEAS, INC.

2914 NE 8th Terrace

2. Principal Office Address
2914 NE 8th Terrace

3. Mailing Office Address

Suite, Apt. #, etc.
#101

Suite, Apt. #, etc.

City & State
Oakland Park, FL

City & State

Zip
33334

Country

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 25 PM 2:04

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10/14/04--01003--002 **300.00

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida **4/26/99**

5. FEI Number
65-1122489

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Daniel B. Darmekto

Street Address (P.O. Box Number is Not Acceptable)
2914 NE 8th Terrace

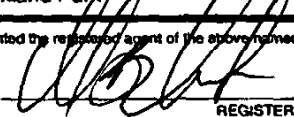
Suite, Apt. #, Etc.
#101

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  Date **10-8-04**

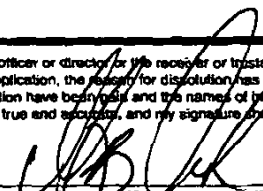
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Daniel B. Darmekto	2914 NE 8th Terrace	Oakland Park, FL 33334

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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:  Date **10-8-04** 954367-9661

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2208 (9/03)