PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

TELACE READ ALE INSTRUCTIONS BET ORE COMPLETING THIS TOUR.	
CORPORATION REINSTATEMENT OUT FLORIDA DEPARTMENT OF ST Jim Smith Secretary of State DIVISION OF CORPORATIONS	O3 JUN -3 AM 9:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT# pag000042250 1. Corporation Name Aguarius Holdings, Inc.	· · · · · · · · · · · · · · · · · · ·
Aguarius Holdings, Inc.	
2. Principal Office Address 3. Mailing Office Address 5427 Sw Anning a are Same	500020430455 06/04/03~01005005 **600,00
Suite, Apt. #, etc. Suite, Apt. #, etc.	
City & State City & State	4. Date Incorporated or Qualified To Do Business in Florida 5/5/99
Zip Country Zip Country	5. FEI Number Applied For Not Applicable
34990 USA	CERTIFICATE OF STATUS DESIRED 6 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	
Name Brett Feldman.	
Street Address (P.O. Box Number is Not Acceptable) SYDT SW Amburaa ave	
Suite, Apt. #, Etc.	3
city Palm City	State Zip Code FL 34990
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.	
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 REGISTERED AGENT MUST SIGN Date 3/14/03	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must	list at least 3 directors)
Titles Name of Street Address Officers and/or Directors Officer and/or	B. City (State / Zin
Dir Susan Granick Como sa	1N56PL 1nos F137076
Dir Brett Feldman Palm City, FL 34950	
DIC FINBASTO 237508	W/22Dr
	77
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 filling 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: BULL 3/14/03 77278/-8580 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daylime Phone #	

gr 6/4

April 4, 2003

Division of Corporations
Florida Department of StateTallahassee, FL 32314

7.00 - 10

1999-12000 total \$600 150/4 years

To Whom It May Concern:

Recently, we were made aware that our corporation was inactive. We developed this corporation because we were assigned a mortgage, and at the time were not familiar with the annual paperwork this entails. We were never sent the form (UBR) we are told we were supposed to receive to pay our usual corporation annual fee. We never received any notice by telephone or mail that anything was wrong. Unfortunately, both addresses on the form have changed and the forms must have been sent back to the state. We hope this letter will clear up the matter and we are sending the equivalent of three years payments for the annual corporation fee along with a reinstatement form. If you do not accept this payment, please send us proof that you sent all three letters and they were not returned to you (a copy or other acceptable documentation) and I will gladly send the \$700.00 for the first two years. Thank you for your cooperation in this matter.

Sincerely,

Brett D. Feldman.

CEO

Kidsplay Café, Inc.