


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| APPLICATION FOR REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------|---|--|

DOCUMENT # **P99000053941**

1. Corporation Name

AQUATIC RELEASE CONSERVATION, INC.

Principal Place of Business

121 OGDEN BOULEVARD
DAYTONA BEACH FL 32118

Mailing Address

121 OGDEN BOULEVARD
DAYTONA BEACH FL 32118

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/1999

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|--------------------------------|
| PD | DICK, LYNDON S | 121 OGDEN BOULEVARD | DAYTONA BEACH FL 32118 |
| VPD | DICK, JESS H | 121 OGDEN BOULEVARD | DAYTONA BEACH FL 32118 |
| STD | RAABE, KRISTIN E | 608 NORTH TYMBER CREEK ROAD | ORMOND BEACH FL 32174 |
| D | Hill, David H. | 3929 S. Peninsula Dr. | Wilbur by the Sea, FL 32127 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

DICK, LYNDON S
121 OGDEN BOULEVARD
DAYTONA BEACH FL 32118

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Lyndon S. Dick
REGISTERED AGENT MUST SIGN

Date 10-17-01

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
10-17-01 386-947-9730

Date

Daytime Phone #

Aquatic Release Conservation, Inc.

PO Box 730248 • Ormond Beach, Florida • 32173-0248 • The United States of America
Phone: (877) 411-4272 • Fax: (386) 947-9730

October 17, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: 2001 Uniform Business Report

To Whom It May Concern:

Enclosed please find our renewal for 2001 Uniform Business Report Application and check for the amount of \$150.00 for regular renewal fees as per conservation on 10/17/2001 with your agency. Please consider this notice of non-receipt of Previous notices of 2001 Uniform Business Report. Please reinstate Aquatic Release Conservation Incorporated, FEI# 59-3677572, as soon as possible. Thank you for your cooperation.

Sincerely,



Kristin E. Raabe
Secretary/Treasurer