

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

W 0500023729

FILED

05 JUN 30 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000079042

**1. Corporation Name**

Summa Liber, Inc.  
DBA Aquarius  
4508 W. Osbourne  
Tampa FL 33614

**2. Principal Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

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

8-20-199

**5. FEI Number**

593594512

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

12/20/03 T. Roberts JUL 06 2005  
01006 014 150.00

03-05

**7. Name and Address of Current Registered Agent**

Name

David C Hastings CPA, PA

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

2207 54th St. South

Suite, Apt. #, Etc.

07/12/05--01039--009

\*\*\*450.00

City

Gulfport FL

State

FL

Zip Code

33707

**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 6-02-05

**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
Pres	Frances A. Latin	4508 W Osborne Ave	Tampa FL 33614

**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:

Frances A. Latin - Frances A Latin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)