

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -1 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000100857

1. Corporation Name

FLORIDA AQUATIC COMEDY PRODUCTIONS, INC.

2. Principal Office Address

5245 N.E. 24th STREET

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

Zip

34470

Country

USA

3. Mailing Office Address

2443 N.E. 7th STREET

Suite, Apt. #, etc.

UNIT 4

City & State

OCALA, FLORIDA

Zip

34470

Country

USA

400025030154
11/25/03--01038--015 ***500.00
REINSTATEMENT 00-03

4. Date Incorporated or Qualified
To Do Business in Florida

NOV. 15, 1999

5. FEI Number

52-2414965

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

RICHARD J. BRUMBAUGH

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

2443 N.E. 7th STREET

Suite, Apt. #, Etc.

UNIT 4

City

OCALA

State

FL

Zip Code

34470

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

Richard J. Brumbaugh
REGISTERED AGENT MUST SIGN

Date 11/18/03

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
P	RICHARD J. BRUMBAUGH	5245 N.E. 24th STREET	OCALA, FLORIDA 34470
VP	R. BRUCE MOZERT	5245 N.E. 24th STREET	OCALA, FLORIDA 34470
S/T	EVELYN YORLANO	5245 N.E. 24th STREET	OCALA, FLORIDA 34470

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: *RICHARD J. BRUMBAUGH*
Richard J. Brumbaugh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(352) 236-2792

Date

Daytime Phone #

CR2E081 (10/02)