

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg. 1 of 2

APPLICATION
REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. ...
 ...
 DIVISION OF CORPORATIONS

90-97 AR

FILED

97 MAR 18 AM 11:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S 88624

1. Corporation Name

Oceania Aquarium, Inc.

Principal Place of Business

6001 NW 87th Ave.
 PARKLAND FLORIDA 33367

Mailing Address

494 SPINNAKEE
 WESTON FLORIDA
 33326

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
 To Do Business in Florida

10.21.91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-029-4431

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
	P TIEDGE, RICHARD J	494 SPINNAKEE	WESTON, FLORIDA 33326
	VP TIEDGE, SHEILA	494 SPINNAKEE	WESTON, FLORIDA 33326

508002117925-9
 -03/19/97--01063--004
 ****365.00 ****365.00

3/18/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARON & CLIFF
 11077 DISCAYE BLVD.
 SUITE 309
 MIAMI 33161

RICHARD J. TIEDGE
 494 SPINNAKEE
 WESTON, FLORIDA 33326

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

REGISTERED AGENT MUST SIGN

Date

3.10.97
 2/28/97

11. Does this corporation pay any intangible tax to the
 Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
 on intangible tax.)

12. 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:

SHEILA TIEDGE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.29.97

Date

954-748-9092

Daytime Phone #

0025040 (12/96)

Florida Department of State
To Whom it may Concern.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Due to our moving we never received
our renewal form.

Thank you
Sheila Lick