PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	Secretar	DEPARTMENT OF STATE Secretary of State vision of corporations			2023 na. ~2 FM12: 40		
DOCUMENT # 1. Corporation Name P 9 7000	00851739	7					
Aqua Vista, Inc.				Englishing (Section 1995) District State (1997)			
2. Principal Office Address - No P.O. Box #	3 Mailing Office Addres	Office Address					
814 Timberwood Price	814 Timb	Tim berwood Prive					
Suite, Apt. #, etc.	Suite, Apt. #, etc.				CR2E081 (11/10)		
				4. Date Incorporated or Qualified To Do Business in Florida October こ 1997			
City & State	City & State			5 FEI Numb	000		
Cranbarry Township, PA	Cranbergto	nbury township + A			5794222	Applied For Not Applicable	
Cranbarry Township, PA Zip, Country 16066 Botler	16066	Countr	ther	6. CERTIFICA		8.75 Additional Fee require for a Certificate of Status	
7. Name and Address of Current Registered Agent							
Name .				.1_			
Todd K. Harris							
Street Address (P.O. Box Number is Not Acceptable) 3799 Cadbury circle							
Suite, Apt. #, Etc. # 2018							
City		State FL	Zip Code 34393	_			
8. I, being appointed the registered agent of the abo	ve named corporation, am f	amiliar v	with and accept the ob	oligations of sect	tion 607.0505 or 617.0503. F	s.s.	
Signature of Registered Agent Loseix Harri	·				Date 4/25	43	
· RI	EGISTERED AGENT MUST	SIGN					
9. Names and Street Addresses of Each Officer and	I/or Director (Florida nonpro	fit corpo	rations must list at lea	st 3 directors)	1		
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director				tate / Zip	
P Todd K. Harri		814 Timberwood Prive			Cranberry 7 PA 1600	66	
UP TODO K, Harr	Timberwood Price		Cremberry 7	76066			
ST Todd K. Harri	814	814 Timberand Prive			Cranberry 7 PA 160	0601117 66	
	REINS	INSTATEMENT			THE MARK	1	
					R. HUNT		
F-mail Address: TKho co	is 30 m	AC	Com				

reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as Del false information submitted in a document to the Department of State constitutes a third degree felony as grovided for in s.817.155, F.S. if made under oath kam,,,, 412-721-9700 SIGNATURE:

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 filling this

(To be used for future annual report notification)

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR