

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2
FILED

00 OCT 13 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 550157

1. Corporation Name

AQUA CORP.

2. Principal Office Address

4001 N. Ocean Blvd.

3. Mailing Office Address

4001 N. Ocean Blvd.

Suite, Apt. #, etc.

PH4B

Suite, Apt. #, etc.

PH4B

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33431

Country

USA

Zip

33431

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/77

5. FEI Number

59-1983052

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

KAGAN, ARNOLD H.

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

4001 N. Ocean Blvd.

Suite, Apt. #, Etc.

PH4B

City

Boca Raton

State

FL

Zip Code

33431

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

Arnold H. Kagan
REGISTERED AGENT MUST SIGN

Date 10/11/00

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
SD	KAGAN, BARBARA	932 Princeton St.	Santa Monica, CA 90403
PD	KAGAN, RICHARD M.	27 Tweed Blvd.	Upper Grandview, N. Y. 10960
VP	KAGAN, ARNOLD H.	4001 N. Ocean Blvd PH4B	Boca Raton, FL 33431
			BU4BR TS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Arnold H. Kagan V.P.
10/11/00 5613687223

Page 2 of 2
4001 N. Ocean Blvd. P. H. 4B
Boca Raton, FL 33431
Tel. 561-368-7223
Fax: 561-368-6368

October 11, 2000

Secretary of State
Division of Corporations
Box 6327
Tallahassee, FL 32314

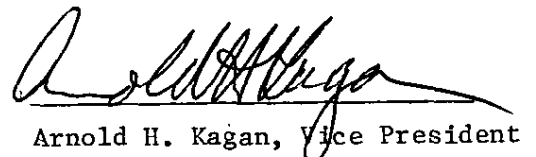
Re: Aqua Corp.

Dear Sir,

Enclosed please find executed Corporation Reinstatement form. We respectfully request your waving the late fee as the Corporation moved and never received your forms or any notices you may have sent.

When we discovered that we had not filed we called your office for reinstatement forms. Your consideration will be appreciated.

Yours truly,


Arnold H. Kagan, Vice President

AHK/sh
Encl.