PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2024 MAR -9 AM 11:30
TALLAHASSEE, FL
000424524500
03/15/24--01004--019 **300.00

000424524580
03/28/24--01006--019 **750.00

CR2E081 (11/10)

DOCUMENT # 550157

1. Corporation Name
AQUA CORP

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2600 SO OCEAN BLVD	2600 SO OCEAN BLVD
Suite, Apt. #, etc. LPH 21 A	Suite, Apt. #, etc. LPH 21 A
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33432 Country USA	Zip 33432 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/27/1977

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: MARION KATZ

Street Address (P.O. Box Number is Not Acceptable): 2600 SO OCEAN BLVD

Suite, Apt. #, Etc.: LPH 21 A

City: BOCA RATON State: FL Zip Code: 33432

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: Marion Katz Date: 02/16/2024

REGISTERED AGENT MUST SIGN

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/D	MARION KATZ	2600 SO OCEAN BLVD	BOCA RATON, FL 33432
S/D	ALVIN KATZ	2600 SO. OCEAN BLVD	BOCA RATON, FL 33432
D	LISA LAZARUS	67 RIDGE RD	TENAFLY, NJ 07670
		Reinstatement - 22-24	

10. E-mail Address: ALVINKATZMD@GMAIL.COM
(To be used for future annual report notification)

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 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., 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 if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.