

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC 18 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F04542**

1. Corporation Name

AQUA RITE INTERNATIONAL CORP.

2. Principal Office Address

5472 65th WAY No

Suite, Apt. #, etc.

City & State

ST. PETE. FLORIDA

Zip

33709

Country

PINELLAS

3. Mailing Office Address

5472 65th WAY No

Suite, Apt. #, etc.

City & State

ST. PETE. FLORIDA

Zip

33709

Country

PINELLAS

REINSTATEMENT

94-00

4. Date Incorporated or Qualified
To Do Business in Florida

1980

5. FEI Number

59-2152796

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

VINCENT J. CORSETTI

800003521898-3

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

5472 65th WAY No.

-01/03/01--01035--08

*****1508.75 ***1508.75**

Suite, Apt. #, Etc.

City

ST. PETE

State

FL

Zip Code

33709

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

VINCENT J. CORSETTI

Date **12/10/2000**

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
PRES	VINCENT J. CORSETTI	5472 65th WAY No	ST. PETE FLA 33709
TRES	VINCENT J. CORSETTI	5472 65th WAY No	ST. PETE FLA 33709

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:

VINCENT J. CORSETTI

12/10/2000 727-547-0540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #