

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # L08772

1. Corporation Name

AQUA SYSTEMS INTERNATIONAL, INC.

Principal Place of Business

~~4411 N WESTSHORE BLVD~~
~~SUITE 211~~
~~TAMPA FL 33607~~
US

Mailing Address

~~4411 N WESTSHORE BLVD~~
~~SUITE 211~~
~~TAMPA FL 33607~~
US

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

2. New Principal Office Address, If Applicable

4627 Bay Crest Drive
Suite, Apt. #, etc. N/A

City & State
Tampa Florida

Zip 33615 Country Hillsborough

3. New Mailing Office Address, If Applicable

4627 Bay Crest Drive
Suite, Apt. #, etc. N/A

City & State
Tampa Florida

Zip 33615 Country Hillsborough

FILED
00 OCT 30 AM 9:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

60

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/1989

5. FEI Number

59-2975466

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	MOISA, JULIO E	4627 BAY CREST DR	TAMPA FL 33615
ST	MOISA, BARBARA J	4627 BAY CREST DR	TAMPA FL 33615

900003472569--8
-11/21/00--01052--019
****750.00 ****750.00

8. Name and Address of Current Registered Agent

REIBER, SAM I
601 E TWIGGS ST SUITE 200
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/27/2000

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., 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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Wright-Moisa

Date

Daytime Phone #

(813) 2878802

CR2E040 (8/00)