APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN -2 AM 10:07

DOCUMENT# N01000006094

1. Corporation Name

AQUACADES SYNCHRO CLUB, INC.

Principal Place of Business	Mailing Address
12441 ROYAL PALM BLVD CORAL SPRINGS FL 33065	12441 ROYAL PALM BLVD CORAL SPRINGS FL 33065

REINSTATEMENT

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1538 NW 121 DRIVE	1538 NW 121 DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL SPRINGS, FL	City & State: CORAL SPRINGS, FL
Zip: 33071 Country: USA	Zip: 33071 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/24/2001

5. FEI Number: 01-0554052 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES.	CHARLOTTE MACHLUS	1538 NW 121 DRIVE	CORAL SPRINGS, FL 33071
TREAS	FRED MACHLUS	1538 NW 121 DRIVE	CORAL SPRINGS, FL 33071
D	CYNTHIA DEMARCO	11183 NW 7TH ST	CORAL SPRINGS FL 33071

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8. Name and Address of Current Registered Agent

DEMARCO, CYNTHIA
12441 ROYAL PALM BLVD
CORAL SPRINGS FL 33065

9. Name and Address of Now Registered Agent

Name: CHARLOTTE MACHLUS
Street Address (P.O. Box Number is Not Acceptable): 1538 NW 121 DRIVE
Suite, Apt. #, Etc.:
City: CORAL SPRINGS State: FL Zip Code: 33071

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. or 617.0505, F.S.

Signature of Registered Agent: Charlotte Machlus
REGISTERED AGENT MUST SIGN
Date: 11-13-2002

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 quality 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: Charlotte Machlus CHARLOTTE MACHLUS - PRES 11-13-2002 954-340-7933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER — Date — Daytime Phone #