

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 NOV 17 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # **NO4000003138**

1. Corporation Name

Aquacares Booster Club, Inc

2. Principal Office Address - No P.O. Box #

12441 Royal Palm Blvd.
Suite, Apt. #, etc.

3. Mailing Office Address

6329 NW 79th Way
Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Parkland FL

Zip

33065

Country

USA

Zip

33067

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/2004

5. FEI Number

200962591

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

MERCEDES RADOVANOVIC

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

6329 NW 79 Way

Suite, Apt. #, Etc

City

Parkland

State

FL

Zip Code

33067

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

Mercedes de Radovanovic

REGISTERED AGENT MUST SIGN

Date **11/14/2011**

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	Omar DAHA	14806 SW 22 nd St	Miramar FL 33027
VP	Ricardo Regalado	5716 NW 112 Passage	Doral, FL 33178
T	Mercedes Radovanovic	6329 NW 79 Way	Parkland, FL 33067
S	Liliana Ramirez	1911 Bonnie St	Boca Raton, FL 33486
C	Ashley Johnson	14563 Woodpine Dr	Delray Beach, FL 33445

10. E-mail Address:

mercedesrivas@hotmail.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.

SIGNATURE:

Mercedes de Radovanovic

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/2011

Date

Daytime Phone #

954 8713102