

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000020083

1. Corporation Name

AGUAGUI, INC.

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

445 Grand Bay Drive.

Suite, Apt. #, etc.

#101

City & State

Key Biscayne, FL

Zip

33149

Country

USA

3. Mailing Office Address

c/o Martha Castillo

Suite, Apt. #, etc.

2600 Douglas Road, #400

City & State

Coral Gables, FL

Zip

33134

Country

USA

7. Name and Address of Current Registered Agent

Name

MARTHA CASTILLO

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

2600 Douglas Road

Suite, Apt. #, Etc.

Suite 400

City

Coral Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

11/30/09

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 | Maria Alexandra | 445 Grand Bay Drive. | Key Biscayne, FL |
| | Rodriguez | Unit # 101 | 33149 |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: **martha@castilloandcompany.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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 JAN -5 PM 3:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

500164202705

01/05/10--01002--018 **1358.75

REINSTATEMENT 05-09

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/2000

5. FEI Number

65-0983094

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.