

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -9 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000046204

1. Corporation Name

VALDY'S AQUATIC CLUB, INC.

Principal Place of Business

415 WEST 16TH STREET
HIALEAH FL 33010

Mailing Address

415 WEST 16TH STREET
HIALEAH FL 33010



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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-1018307

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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
P	VALDIMESO, HIPOLITO E	415 WEST 16TH STREET	HIALEAH FL 33010
VPT	LAGO, JORGE E	415 WEST 16TH STREET	HIALEAH FL 33010
please delete the following applicant for the VPT position in the application			

2000008782392
11/04/02--01061--016 **175.00

BR 12/11

8. Name and Address of Current Registered Agent

VALDIMESO, HIPOLITO E
415 WEST 16TH STREET
HIALEAH FL 33010

9. Name and Address of New Registered Agent

Name

N/A

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

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.

(305) 805 5747

SIGNATURE:

SIGNATURE REQUIRED
VALDIMESO, HIPOLITO E

Date

Daytime Phone #

10/23/02

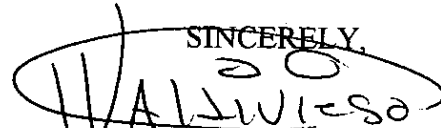
DECEMBER 4, 2002

VALDY'S AQUATIC CLUB, INC.
415 WEST 16TH ST.
HIALEAH, FL 33010

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

ATTENTION: GENTLEMEN

THIS IS TO INFORM YOU THAT MY LATE PAYMENT WAS
UNINTENTIONAL, DUE TO THE FACT THAT I NEVER RECEIVED THE FIRST
ANNUAL REPORT THAT WAS SENT OUT. I DID RECEIVE THE SECOND
NOTICE AND I PAID \$175. IF YOU COULD WAIVE THE LATE FEE AND KEEP
THE ADDITIONAL \$25, IT WOULD BE KINDLY APPRECIATED.

SINCERELY,

HIPOLITO E VALDIVIESO
VALDY'S AQUATIC CLUB, INC.