PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			2007 NOV 14 PM 2: 07 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Corporat	IMENT # PO ion Name S AQUATIC CL					TALLAHASSEE, FLOR	IDA	
2. Principal Office Address 2033 WEST 62ND ST			3. Mailing Office Address 2033 WEST 62ND ST				18	
Suite, Apt. #, etc. SUITE 289			Suite, Apt. #, etc. SUITE 289		4. Date Incorp	porated or Qualified iness in Florida 05/09/2000	7	
City & State MIAMI, FLORIDA			City & State MIAMI, FLORIDA		5. FEI Numbe 26-13730	er	Applied For Not Applicable	
^{Zip} 33016	Count	· -	^{Zip} 33016	Country USA	6. CERTIFICATE		dditional Fee required Certificate of Status	
	Name		7. Name and	Address of Current Regis	stered Agent			
MIREYA NIEBLA Street Address (P.O. Box Number is Not Acceptable) 2033 WEST 62ND ST Suite, Apt. #, Etc. SUITE 289 City HIALEAH			lot Acceptable)	マロロ112474037 11/21/0701007013 **450.0以 外 State Zip Code FL 33016			4 47	
8. I, being Signature of Registered	11/	1 . 10 0 C	ove named corporation, am	familiar with and accept th	ne obligations of sect	ion 607.0505 or 617.0503, F.S. Date 11-13-2007	CR2E081 (01/04)	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each								
Titles	Name of Officers and/or Directors		s	Officer and/or Director		City / State / Zip		
PD	MIREYA NIEI	BLA	2033	WEST 62ND ST -	SUITE 289	HIALEAH, FL 33016		
10. 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 filling 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. SIGNATURE: Description of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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.								

DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2005, 2006 & 2007 FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. AND IF YOU HAVE ANY FURTHER QUESTION PLEASE FEEL FREEE TO CONTACT US.

CORDIALLY YOURS,

MIREYA ÑIEBLA

PRESIDENT/DIRECTOR

EXECUTIVE CORPORATE FILING, INC. 9300 S. DIXIE HWY SUITE 201 MIAMI, FL 33156 (305) 670 3110

OFFICE USE ONLY

CORPORATE NAME AND DOCUMENT NUMBER			
1. Valdy's Agostic club, Inc.			
CORPORATE NAME	DOCUMENT #		
2			
CORPORATE NAME	DOCUMENT #		
3			
CORPORATE NAME	DOCUMENT #		
4			
CORPORATE NAME	DOCUMENT #		
O PHOTOCOPY PICK UP TIME	O CERTIFIED COPY		
O MAIL OUT O CERTIFICATE OF STATUS WALK IN	O WILL WAIT		
AMENDMENTS	NEW FILINGS		
O AMENDMENT	O PROFIT		
O RESIGNATION OF R. A., OFFICER/DIRECTOR	O NOT FOR PROFIT		
O CHANGE OF REGISTERED AGENT	O LIMITED LIABILITY		
O DISSOLUTION/WITHDRAWAL	O DOMESTICATION		
O MERGER	O OTHER		
REGISTRATION/QUALIFICATION	OTHERS FILINGS		
O FOREIGN	O ANNUAL REPORT		
O LIMITED PARTNERSHIP	O FICTITIOUS NAME		
▼ REINSTATEMENT			
O TRADEMARK			
O OTHER			

EXAMINER'S INITIAL ____