

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Division of Corporations
2001

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 25 PM 1:13

DOCUMENT # P 00000091376
i. Corporation Name
G.F.G. WATER ENTERPRISES INC

Principal Place of Business Mailing Address
8740 CARRIBBEAN BLVD 8740 CARRIBBEAN BLVD
MIAMI FLA 33152 MIAMI FLA 33152

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

New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable
8740 CARRIBBEAN BLVD 359 MERIDIAN AV
Suite, Apt. #, etc. Suite, Apt. #, etc. 107
City & State City & State
MIAMI FLA MIAMI BEACH FLA
Zip 33152 Country FLA Zip 33139 Country FLA

4. Date Incorporated or Qualified To Do Business in Florida 09-25-00

5. FEI Number 65-1043976 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 Additional Fee required for a Certificate of Status

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	GIANFRANCO STRAZZACAPPA	359 MERIDIAN AV 107	MIAMI BEACH FLA 33139
President	GREGORY POLANCO	8740 CARRIBBEAN BLVD	MIAMI FLA 33157
			800004435628--7
			-06/21/01--01084--027
			****158.50 ****158.50
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREGORY POLANCO
8740 CARRIBBEAN BLVD
MIAMI FLA 33152

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 04-11-01

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.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GIANFRANCO STRAZZACAPPA
Date 04-11-01
Daytime Phone # 3056086894