

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 OCT 28 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000114919

1. Corporation Name

THE INTERNATIONAL AQUATIC ASSOCIATION, INC.

Principal Place of Business

4100 SOUTH OLIVE AVENUE  
WEST PALM BEACH FL 33405

Mailing Address

4100 SOUTH OLIVE AVENUE  
WEST PALM BEACH FL 33405

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/05/2001

5. FEI Number

01-0604095

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

2

Name of Officers  
and/or Directors

3

Street Address of Each  
Officer and/or Director

4

City / State / Zip

D

KHOSHNEVIS, HELENA

4100 SOUTH OLIVE AVENUE

WEST PALM BEACH FL 33405

7000008626837

10/28/02--01086--014 \*\*150.00

8. Name and Address of Current Registered Agent

KHOSHNEVIS, HELENA  
4100 SOUTH OLIVE AVENUE  
WEST PALM BEACH FL 33405

9. Name and Address of New Registered Agent

Name

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 10-23-02

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.

SIGNATURE:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-02

561-833-7474

CFR040 (8/02)

10-23-02

Fla. Dept of State

Helena Khoshnerv's  
The International Aquatic Assoc, Inc  
4100 S. Olive Ave  
W. P.B., Fla., 33405  
Tel. 561-833-7474

Hello,

My name is Helena Khoshnerv's, the owner of the  
International Aquatic Assoc, Inc. It took me a lot of time  
and work to open this corporation and I like to keep it  
going. On 10-21-02 I received a notice of Dissolution.

This is the first time I received a letter from state,  
and during my conversation with your co-worker I was  
advised to write a letter with a \$150 payment to solve  
this problem, and make sure it doesn't happen again.

\* This letter is to reinstate the corporation. Please let  
me know if there is anything else I should do.

Thank you,

Helena Khoshnerv's