

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 26 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000086868

1. Corporation Name

ELEMENTS SWIM & ACTIVE WEAR INC

2. Principal Office Address - No P.O. Box #
1040 WESTON RD.

Suite, Apt. #, etc.
STE: 305

City & State
WESTON, FL

Zip
33326

Country

3. Mailing Office Address
1125 WATERSIDE CIR.

Suite, Apt. #, etc.

City & State
WESTON, FL

Zip
33327

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 06/03/2004

5. FEI Number
26-1413477

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MARISOL ZAPATA

Street Address (P.O. Box Number is Not Acceptable)
1125 WATERSIDE CIR.

Suite, Apt. #, Etc.

City
WESTON

State
FL

Zip Code
33327

☒ 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.

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

Marisol Zapata

REGISTERED AGENT MUST SIGN

Date

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
VP/D	MARISOL ZAPATA	1125 WATERSIDE CIR.	WESTON, FL 33327
P/D	Amanda Carvajal	1125 Waterside Cir	Weston, FL 33327

200112804092
12/04/07--01006--004 **450.00

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 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 contained in Chapter 119, 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:

Marisol Zapata

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell NOV 26 2007