

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

05 DEC 23 AM 8:42

SECRET
FBI/DOJ

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04 000165076

1. Corporation Name

AQUA CLEAN WATER SERVICES, INC

2. Principal Office Address

1716 SW 11 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

Zip

33312

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

20-1980411

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

SYLVIA KOUTSOPOUNTIS

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

1821 Lee St

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

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

Sylvia Koutsopountis

REGISTERED AGENT MUST SIGN

Date

12/2/05

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
PD	SILVA, RENATO	1716 SW 11 ST	DAVIE, FL 33312

T-S, 12/27/05
REINSTATEMENT 05

000052380910
12/23/05--01047--005 **150.00

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 under section 119.07(3)(f), 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:

RS lu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/05

Date

(954) 924-1571

Daytime Phone #

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December 21, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Agent,

I never received the annual report for 2005. Please delete the reinstatement fee. We have been under a lot of stress in reference to Hurricane Katrina & Wilma. Please advise.

Thank you,
Agnes Clean Water Services, Inc.
PO 4000 165076