

20952

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

000668.116100.1

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: aiglesias@Kaufmanrossin.com

CORPORATION REINSTATEMENT
ACQUA INVESTMENTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

\$300.00, client did not receive annual report reminders *

Electronic Filing Menu


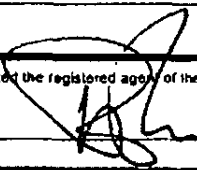

Corporate Filing Menu

Help

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P05000027323					
1. Corporation Name ACQUA INVESTMENTS, INC.					
2. Principal Office Address - No P.O. Box # 2699 S. Bayshore Dr.			3. Mailing Office Address (to Steven M. Demar) 2699 S. Bayshore Dr.		
Suite, Apt. #, etc. Suite 300			Suite, Apt. #, etc. Suite 300		
City & State Miami, FL			City & State Miami, FL		
Zip 33133	Country USA	Zip 33133	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 02/22/2005	
5. FEI Number 202391139				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name CorpDirect Agents, Inc.					
Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue					
Suite, Apt. #, Etc.					
City Tallahassee		State FL		Zip Code 32301	
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 				Date <u>12-17-09</u>	
REGISTERED AGENT MUST SIGN					
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	
D/P	Lilia Judith Tovar De Leon	2699 S. Biscayne Dr., Suite 300		Miami, FL 33133	
DVP/S	Vernon Emmanuel Salazar Zurita	2699 S. Biscayne Dr., Suite 300		Miami, FL 33133	
D/T	Delio Jose De Leon Mela	2699 S. Biscayne Dr., Suite 300		Miami, FL 33133	
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: 		Lilia Judith Tovar De Leon		12/10/2009 (507) 269-2641	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

REINSTATEMENT 08-09
CR2E08T (12/09) WOP

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