

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P05000037846

1. Corporation Name

Unit 706 Spear at Aqua Corp.

2. Principal Office Address - No P.O. Box #  
901 Ponce de Leon Blvd

3. Mailing Office Address  
901 Ponce de Leon Blvd

Suite, Apt. #, etc.  
Suite 603

Suite, Apt. #, etc.  
Suite 603

City & State  
Coral Gables, Florida

City & State  
Coral Gables, Florida

Zip Country  
33134 USA

Zip Country  
33134 USA

**7. Name and Address of Current Registered Agent**

Name  
Carlos M. Trueba, CPA

Street Address (P.O. Box Number is Not Acceptable)  
1985 NW 88th Court

Suite, Apt. #, Etc.  
Suite 101

City State Zip Code  
Doral FL 33172

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 5/4/10

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	Pardo, Pavel	901 Ponce de Leon Blvd	Coral Gables, FL 33134

10. E-mail Address: ileana.talancon@soccerooftop.com

(To be used for future annual report notification)

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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/10

Date

Daytime Phone #

FILED  
10 MAY -6 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 06-10

600180500666  
05/06/10--01041--006 \*\*758.75  
CR2E081 (4/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 3/11/05

5. FEI Number ☐ Applied For  
☐ Not Applicable

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

**PROFIT CORPORATIONS ONLY**

☒ The \$600.00 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.