

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000040594

1. Corporation Name

AQUA VIDA services corp.

2. Principal Office Address - No P.O. Box #

1500 NW 79 Ave.

Suite, Apt. #, etc.

City & State

Doral FL.

Zip

33126

Country

USA

3. Mailing Office Address

1500 NW 79 Ave.

Suite, Apt. #, etc.

City & State

Doral FL.

Zip

33126

Country

USA.

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

03/20/06

5. FEI Number

204588415

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **7. Additional Fee required
for a Certificate of Status**

\$8.75

7. Name and Address of Current Registered Agent

Name

Jose Jimenez

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

Suite, Apt. #, Etc.

13134 SW 213 TERRACE

City

MIAMI

State

FL

Zip Code

33177

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date MAY 27/2009

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	JIMENEZ, JOSE	13134 SW 213 TE.	MIAMI FL, 33177
VP	JIMENEZ, COSME	13134 SW 213 TE	MIAMI FL, 33177
TD	JIMENEZ, CARMEN	13134 SW 213 TE	MIAMI FL, 33177
SD	ESPADA, LAURA	13134 SW 213 TE.	MIAMI FL, 33177

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:

[Signature] JOSE JIMENEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 27/2009 (786) 306-9496
Date Daytime Phone #

FILED

09 JUN 03 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 02-09

6/8/09