

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 FEB 21 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000135827

1. Corporation Name

AQUA JORDAN INC

W12-8522

2. Principal Office Address - No P.O. Box #
3140 N.W 12TH PLACE

3. Mailing Office Address
3140 N.W 12TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL.

Zip Country
33311

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33311

4. Date Incorporated or Qualified
To Do Business in Florida 10/25/2006

5. FEI Number
20-5801557

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
HAMDI M. MUSTAFA

Street Address (P.O. Box Number is Not Acceptable)
3140 N.W 12TH PLACE

Suite, Apt. #, Etc.

City
FORT LAUDERDALE

State Zip Code
FL 33311

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of Registered Agent

Date 01/27/2012

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
PD	HAMDI M. MUSTAFA	3140 N.W 12TH PLACE	FORT LAUDERDALE, FL. 33311
VP	FATEN MM ABUDAYYA	3140 N.W 12TH PLACE	FORT LAUDERDALE. FL. 33311
	FEB 21 2012	REINSTATEMENT	09-12
	T. SCOTT		

10. E-mail Address: LM.JESSEL@GMAIL.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

01/27/2012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #