

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000029748(7)

1. Corporation Name

Agua - Blue Productions Inc.

Principal Place of Business

444 Brickell Ave Ste 750
Miami, FL 33131

Mailing Address

444 Brickell Ave Ste 750
Miami, FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/17/1995

5. FEI Number

165-0573954

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PSD	Nicaretta, Vera L.	444 Brickell Ave Ste 750	Miami FL 33131
VRD	Castro, Andre	444 Brickell Ave Ste 750	Miami, FL 33131

000003027050--8
-10/21/99--01100--003
****300.00 ****300.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Vera Nicaretta, Michael L. Castro
REGISTERED AGENT MUST SIGN

Date

10/13/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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)(i), 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:

Vera Nicaretta, Michael L. Castro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/99

Daytime Phone #

(2)

Oct. 13, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Per instructions of the Division of Corporations, I am attaching a check in the amount of \$300.00 for the annual report fee with the application.

I also state that Aqua – Blue Productions Inc sent the filled annual report 1998 on time with a check numbered 2017 for the amount of \$150.00 which was never paid by the bank.

I will appreciate your help in this matter.

Vera Nicaretta Macintosh C.O.
Vera L. Nicaretta
President