PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT 26 PM 1:29

DOCUMENT # P95000077228

1. Corporation Name

AQUACO, INC

REINSTATEMENT 01

2. Principal Office Address	3. Mailing Office Address
6000 Gentle Ben Circle	6000 Gentle Ben Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wesley Chapel FL	City & State: Wesley Chapel FL
Zip: 33544 Country: USA	Zip: 33544 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/9/1995 SP

5. FEI Number: 593340331 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: Cindy Meyer

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-10/30/01--01014--016
***1500.00 ****70.00

Street Address (P.O. Box Number is Not Acceptable): 6000 Gentle Ben Circle

Suite, Apt. #, Etc.:

City: Wesley Chapel — State: FL — Zip Code: 33544

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 10/25/01

REGISTERED AGENT MUST SIGN

CR2E031 (9/00)

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
SV	Juliette Pastirjak	6037 Gentle Ben Circle	Wesley Chapel, FL 33544
PT	Cindy Meyer	6000 Gentle Ben Circle	Wesley Chapel FL 33544

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*****17.50 *****8.75

10. I certify that I am an officer or director of 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: _____ Cindy Meyer — 10/25/01 — 813 973-1318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #