

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR 22 AM 7:44

RECEIVED STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000038219

1. Corporation Name

AQUA OFFICE CENTER LIMITED, INC

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

17349 SE 95th ST. RD.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1118

Suite, Apt. #, etc.

City & State

OCKLAWAHA FL 32179

Zip Country

32179 MARION

City & State

OCKLAWAHA FL

Zip Country

32183 MARION

300172796933

03/22/10--01055--001 **308.75

CR2E081 (11/09)

09-10

4. Date Incorporated or Qualified
To Do Business in Florida

06-1996

5. FEI Number

59-3381210

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

JOHN W. SCOTT

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

17349 SE 95th ST. RD.

Suite, Apt. #, Etc.

City

OCKLAWAHA

State

FL

Zip Code

32179

☒ 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.

REINSTATEMENT

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 3-19-10

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
<u>Pres</u>	<u>JOHN W. SCOTT</u>	<u>17349 SE 95th ST. RD.</u>	<u>OCKLAWAHA FL 32179</u>
<u>VP</u>	<u>PATRICIA M. SCOTT</u>	<u>" " "</u>	<u>" " "</u>
<u>TRAS</u>			

10. E-mail Address: NONE

(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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-10 3522882025

Date

Daytime Phone #

B. Mitchell MAR 22 2010