

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -2 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P 97 000004540*

1. Corporation Name

Akvater Inc

REINSTATEMENT 98-04

100029739631

03/03/04--01004--006 **1658.75

2. Principal Office Address

906 W Hallandale

3. Mailing Office Address

Suite, Apt. #, etc.

Bh. Blv. #221

Suite, Apt. #, etc.

City & State

Hallandale FL

City & State

Zip

33009

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01.15.97

5. FEI Number

20-0765000

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

Egor Vadim

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

906 W Hallandale Bh Blvd

Suite, Apt. #, Etc.

221

City

Hallandale

State
FL

Zip Code

33009

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]

Date

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 |
|----------|--------------------------------------|---|-----------------------------|
| <i>D</i> | <i>Victorov, Iya</i> | <i>906 W. Hall., 221</i> | <i>Hallandale, FL 33009</i> |
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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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.02.04

Date

305-109930

Daytime Phone #

CR2E081 (07/04)