

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 20 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000034240

1. Corporation Name

AQUAVISTA FINANCIAL SERVICES INC.

Principal Place of Business

Mailing Address

407 LINCOLN ROAD #126
MIAMI BEACH FL 33139407 LINCOLN ROAD #126
MIAMI BEACH FL 33139

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

REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/1997

5. FEI Number

65-0746889

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐ ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ROTH, NORA	650 WEST AVE #1807 18671 Collins Ave #1201	MIAMI BEACH FL 33139 33160
V	ROTH, KENNETH M	650 WEST AVE #1807 18671 Collins Ave #1201	MIAMI BEACH FL 33139 33160

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

ROTH, KENNETH M

~~650 WEST AVE #1807~~ 18671 Collins Ave #1201
MIAMI BEACH FL ~~33139~~ 33160

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

REGISTERED AGENT MUST SIGN

Date 14 Dec 1999

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 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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Dec 1999

Date

Daytime Phone #

KE

305-535-8253