

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000079330

1. Entity Name
AQUA ABS, INC.



Principal Place of Business
346 80TH AVE NE
ST PETERSBURG, FL 33702

Mailing Address
3773 CENTRAL AVENUE
SUITE C010
SAINT PETERSBURG, FL 33713

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

PO BOX 55368

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
St Petersburg FL

Zip

Country

Zip

Country

33732

USA

4. FEI Number

59-3666478

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINEBRENNER, JACK M
3773 CENTRAL AVENUE
SAINT PETERSBURG, FL 33713

Name

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

1384 - 54 AVE NE

City

St Petersburg

FL

Zip Code

33703

Address change only

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PSTD
TELLONE, RICHARD
346- 80TH AVE NE
ST PETERSBURG, FL 33702 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition
900128025849
05/01/08--01012--005 **300.00

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY ST ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/09

Daytime Phone #

FILED
08 MAY -1 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04/10/2008 REINSTATEMENT 07-08

REINSTATEMENT

07-08

Not Applicable