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
DIVISION OF CORPORATIONS
00 OCT 16 AM 11:00

DOCUMENT # P99000017069

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****750.00 ****750.00

REINSTATEMENT 00

1. Corporation Name

AGUAMAN, INC.

2. Principal Office Address	**3.** Mailing Office Address
3540 NW 56TH STREET	3540 NW 56TH ST
Suite, Apt. #, etc. # 208	Suite, Apt. #, etc. # 208
City & State FT LAUDERDALE, FLA.	City & State FT LAUDERDALE, FLA.
Zip 33309 Country USA	Zip 33309 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 02/99

5. FEI Number 65-0899155 ☐ 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: GREGORY S LEVINE

Street Address (P.O. Box Number is Not Acceptable): 33 D VENETIAN WAY

Suite, Apt. #, Etc.: APT 71

City: MIAMI BCH State: FL Zip Code: 33139

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: 10.10.00

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
PRES	GREGORY S LEVINE	33D VENETIAN WAY #71	MIAMI BCH, FL 33139

JB 10/20

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] 954 486-4339

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