NOV-08-2001 09:06AM FROM- T-915 P.002/002 F-392

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 8 PM 12:00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000025047

1. Corporation Name

BIO-AQUA SYSTEMS, INC.

00-01

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
350 E. Las Olas Blvd.	350 E. Las Olas Blvd.
Suite, Apt. #, etc: Suite 1700	Suite, Apt. #, etc: Suite 1700
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33301 Country: U.S.	Zip: 33301 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 3/18/99

5. FEI Number: 65-0926223 ☐ 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: Max Rutman

Street Address (P.O. Box Number is Not Acceptable): 350 E. Las Olas Blvd.

Suite, Apt. #, Etc: Suite 1700

City: Ft. Lauderdale, State: FL Zip Code: 33301

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: 11/7/01

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
D/P/CEO	Max Rutman	350 E. Las Olas Blvd., #1700	Ft. Lauderdale, FL 33301
D	Oscar Cornejo	350 E. Las Olas Blvd., #1700	Ft. Lauderdale, FL 33301
D	Nestor Lagos	350 E. Las Olas Blvd., #1700	Ft. Lauderdale, FL 33301
D	Pedro Sayes	350 E. Las Olas Blvd., #1700	Ft. Lauderdale, FL 33301
			AD

10. I certify that I am an officer or director of 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.

By: Max Rutman, President and CEO

SIGNATURE: [signature] 11/7/01 (954) 763-1200

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

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : ATLAS PEARLMAN, P.A. — mm
Account Number : 076247002423
Phone : (954)763-1200
Fax Number : (954)766-7800

CORPORATION REINSTATEMENT

BIO-AQUA SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00

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