

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY -7 PM 4:11

DOCUMENT # P99000027222

1. Corporation Name
Multiagua, Inc.

2. Principal Office Address
2701 S.W. 145th Ave.

3. Mailing Office Address
2701 S.W. 145th Ave.

Suite, Apt. #, etc.
Suite 220

Suite, Apt. #, etc.
Suite 220

City & State
Miramar, FL

City & State
Miramar, FL

Zip Country
33027 Broward

Zip Country
33027 Broward

REINSTATEMENT

01-03

4. Date Incorporated or Qualified
To Do Business in Florida 3-19-99

5. FEI Number 65-0907981

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
Rafael A. Feria

Street Address (P.O. Box Number is Not Acceptable)
2701 S.W. 145th Ave.

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Suite, Apt. #, Etc.
Suite 220

City
Miramar

State Zip Code
FL 33027

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 REGISTERED AGENT MUST SIGN

Date 4-29-03

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	Rafael A. Feria	2701 S.W. 145th Ave - No. 220	Miramar, FL 33027

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rafael A. Feria

4-29-03 Date 954-431-1300 Daytime Phone #