

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 24 AM 8:01

DOCUMENT # **P99000070405**

1. Corporation Name

AQUALUNA CORP.

Principal Place of Business

**7971 N.W. 33RD ST.
MIAMI FL 33122**

Mailing Address

**7971 N.W. 33RD ST.
MIAMI FL 33122**



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

02

Date Incorporated or Qualified
To Do Business in Florida

08/09/1999

5. FEI Number

65-0939294

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$0.75 Additional Fee required
for a Certificate of Status

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
PSTD	GALARDI, JACK E	7971 N.W. 33RD ST.	MIAMI FL 33122
VP	HOCH, JEFFREY J	7971 N.W. 33RD ST.	MIAMI FL 33122

200009651922
12/24/02--01006--015 **750.00

8. Name and Address of Current Registered Agent

**HOCH, JEFFREY J
7971 N.W. 33RD ST.
MIAMI FL 33122**

9. Name and Address of New Registered Agent

Name

Patricia Burnside

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

2455 Hollywood Blvd

Suite, Apt. #, Etc.

Suite 104

City

Hollywood

State

FL

Zip Code

33020

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12.17.02

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

12/31/02

SIGNATURE:

SIGNATURE REQUIRED
Jack Galardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.17.02
Date

404.607.8050
Daytime Phone #

CR2E040 (8/02)