

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

96 DEC 30 PM 2:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *U41120*

1 Corporation Name
AQUADIP INTERNATIONAL, INC.

Mailing Address
P.O. Box 160367
MIAMI, FL 33116-0367

Principal Place of Business
2601 S BAYSHORE DR #1250
MIAMI FL 33133

REINSTATEMENT

AD 95-96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Mailing Address, If Applicable		3 New Principal Office Address, If Applicable		4 Date incorporated or Qualified To Do Business in Florida <i>JUNE 9, 1992</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <i>65-0339088</i>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <i>87.5% Additional Fee required for a Certificate of Status</i>	

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>PST</i>	<i>LORENZO GARRAMIN</i>	<i>2601 S BAYSHORE DR #1250</i>	<i>MIAMI FL 33133</i>

500002050525--6
-01/08/97-01049-027
****967.50 ****583.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name <i>LORENZO GARRAMIN</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>2601 S BAYSHORE DRIVE</i>	
Suite, Apt. #, Etc. <i>#1250</i>	
City <i>MIAMI</i>	State Zip Code <i>FL 33133</i>

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.

Signature of Registered Agent *[Signature]* Date *12/26/96*
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]* Date *12/26/96* Daytime Phone # *305 860-5775*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR