

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 DEC 20 AM 11:14

DOCUMENT # **486195**

1. Corporation Name

Aqualife Research Corp.

2. Principal Office Address

700 S.W. 34th Street

3. Mailing Office Address

700 S.W. 34th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Florida

City & State

Ft. Lauderdale, Florida

Zip

Country

33315

U.S.A.

Zip

Country

33315

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/1/75

5. FEI Number

59-1625103

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-02

7. Name and Address of Current Registered Agent

Name

Andrew Welch c/o Walker's Island Services, Inc.

400003521654-4

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

700 S.W. 34th Street

-01/03/01 --01034 --018

*****1058.75 ***1058.75**

Suite, Apt. #, Etc.

Fort Lauderdale

City

Fort Lauderdale

State

FL

Zip Code

33315

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

12/15/00

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
P,D	Robert H. Abplanalp	700 Nepperhan Avenue	Yonkers, NY 10703
V,D	John P. Abplanalp	700 Nepperhan Avenue	Yonkers, NY 10703
S,D	William E. Griffin	51 Pondfield Road	Bronxville, NY 10708
			<i>[Signature]</i>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William E. Griffin

Date

12/14/00

Daytime Phone #

(914) 964-1300

CR2E081 (9/99)