


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*page 1 of 2*

APPLICATION FOR  FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 JAN 29 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **486195**

1. Corporation Name  
**AQUALIFE RESEARCH CORP.**

Principal Place of Business Mailing Address

**700 SW 34TH STREET  
FT. LAUDERDALE FL 33315**

**700 SW 34TH STREET  
FT. LAUDERDALE FL 33315**

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

4. Date Incorporated or Qualified To Do Business in Florida **09/30/1975**

5. FEI Number **59-1625103** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ABPLANALP, ROBERT H	700 NEPPERHAN AVE	YONKERS NY 10703
DV	ABPLANALP, JOHN P	700 NEPPERHAN AVE	YONKERS NY 10703
SD	GRIFFIN, WILLIAM E	51 PONDFIELD ROAD	BRONXVILLE NY 10708
			200004881752--0 -02/05/02--01093--008 ***300.00 ***300.00
			01-02 UBR TS

8. Name and Address of Current Registered Agent

**WELCH, ANDREW  
C/O WALKER'S ISLAND SERVICES, INC.  
700 S.W. 34TH STREET  
FORT LAUDERDALE FL 33315**

9. Name and Address of New Registered Agent

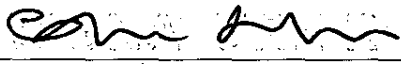
Name \_\_\_\_\_

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

Suite, Apt. #, Etc. \_\_\_\_\_

City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

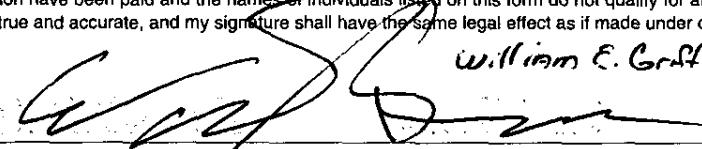
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  Date **Oct 22, 2001**

REGISTERED AGENT MUST SIGN

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.

**William E. Griffin**

SIGNATURE:  **1/27/02**

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

CR2E040 (8/01)

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**GRIFFIN, COOGAN & VENERUSO, P.C.**

ATTORNEYS AND COUNSELLORS AT LAW

51 PONDFIELD ROAD

BRONXVILLE, NEW YORK 10708

TELEPHONE (914) 961-1300

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WILLIAM E. GRIFFIN  
JAMES M. COOGAN  
JAMES J. VENERUSO (ALSO FL)

DANIEL J. GRIFFIN (ALSO NJ)  
JAMES P. BLOSE (ALSO NJ & CT)  
WILLIAM E. SULZER (ALSO NJ)  
TRACEY SPENCER WALSH (ALSO CT)

JOHN O. KELLY  
KAREN J. WALSH  
OF COUNSEL

WRITER'S DIRECT FAX:  
(914) \_\_\_\_\_

January 22, 2002

Division of Corporations  
Annual Report / Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Aqualife Research Corp.

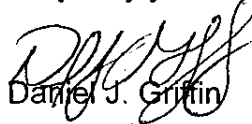
Dear Sir/Madam:

Enclosed please find the following in connection with the reinstatement of the above referenced corporation:

1. Application for reinstatement;
2. Letter from Andrew Welch, Vice President of the Corporation, stating that the Corporation Annual Report / Uniform Business Reports were not received by the Corporation; -
3. Check in the amount of \$300 for Annual Report fees for 2001 and 2002.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

  
Daniel J. Griffin

DJG/cp  
Enclosures