PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	10 MAY 10 AM 7: 30 SECRETARY OF STATES
DOCUMENT # F0500006772 1. Corporation Name		ANGEL WATER OF THE PARTY OF THE
East Penn Manufacturing Co.		400180667674
2. Principal Office Address - No P.O. Box# 102 De Ka Road Suite, Apt. #, etc.	3. Meiling Office Address P.O. Box 147 Sulte. Apt. #, etc.	REINSTATEMENT
City & State	City & State	4. Date incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For
Lyon Station Zip Country 19536 US	Lyon Station PA Zip Country 19536 US	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent PROFIT CORPORATIONS ONLY. The \$600.00 reinstatement fee is imposed. except in circumstances which the entity did Street Address (P.O. Box Number is Not Acceptable)		
1201 Hays Street	not receive the prior notices. By checking this box, you are certifying the prior in the notices were not received and requesting the reinstatement fee be waived.	
State Zip Code FL 32.301 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. Heather Chapman		
Registered Agent Date 4/29/10 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 Street Address of Each Officers and/or Directors Officers and/or Director City / State / Zip		
CT Delight E Breideg		and Lyon Station PA 14536
VCP Daniel R Langel	on. 102 Deka Ri	and Lyon Station PA 14536
DVP Robert P Flick	er 102 Delca Ro	ad Lyon Station PA 14536
D Christopher EA	ut 102 Deka Roc	, , , , , , , , , , , , , , , , , , ,
DS Sally S Miksier		ad Lyon Station PA 19536
DT Daniel Breidea	(02 0 0	
10. E-mail Address: Dbyrne @ Deka Batteries.com (To be used for future annual report notification)		
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 filling 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 peid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal officer as if made under out.		
SIGNATURE: Cht E CHRISTOPHER E Truit 5/6/2010 66/62/66/1.		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/2010 Date