


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 OCT -1 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006054

1. Corporation Name  
AQUA PRO, INC.

**REINSTATEMENT**

CR2E081 (12/07) *06-08*

2. Principal Office Address - No P.O. Box # 2000 West 135th St.		3. Mailing Office Address 2000 West 135th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Gardena, CA		City & State Gardena, CA	
Zip 90249	Country USA	Zip 90249	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11-28-94

5. FEI Number 95-3899167 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Paracorp Incorporated

Street Address (P.O. Box Number is Not Acceptable)  
236 East 6th Avenue

Suite, Apt. #, Etc.

City Tallahassee State FL Zip Code 32302

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Ninh Ho, ASST. SECRETARY* Date *9/30/08*  
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/CEO	Robert E. Kershaw	2000 West 135th St.	Gardena, CA 90249
SEC/T	Robert R. Kershaw	2000 West 135th St.	Gardena, CA 90249

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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 contained in Chapter 119, 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: *Robert Kershaw* 310-516-9911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #