


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000006054			
1. Corporation Name AQUA PRO, INC.			
2. Principal Office Address - No P.O. Box # 2000 West 135th St. Suite, Apt. #, etc.		3. Mailing Office Address 2000 West 135th St. 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 <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
<input type="checkbox"/> 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.			
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
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 <i>Ninh Ho</i>		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
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: <i>Robert E. Kershaw</i>		310-516-9911	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (12/07)

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10/10/08-01044-003 **1050.00