PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # L03000006117

1. Limited Liability Company's Name
PRO SCUBA, LLC.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 6001 N Fed Hwy | 6001 N Fed Hwy |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Boca Raton FL | City & State: Boca Raton |
| Zip: 33487 Country: Palm Beach | Zip: 33487 FL Country: USA |

4. State/Country of Formation: FL / Palm Beach
5. Date Organized or Qualified To Do Business in Florida: 2/19/2003
6. FEI Number: [X] Applied For [ ] Not Applicable
7. CERTIFICATE OF STATUS DESIRED [ ] $5.00 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name: Kevin Acreman
Street Address (P.O. Box Number is Not Acceptable): 808 Villa Circle
Suite, Apt. #, Etc.:
City: Boynton Beach State: FL Zip Code: 33487

**9.** I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Kevi Acrema Date: 1/8/2006
REGISTERED AGENT MUST SIGN

**10.** Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/ Managers | Street Address of Each Managing Member/ Manager | City / State / Zip |
|---|---|---|---|
| Mr. | Kevin Acreman | 808 Villa Cir | Boynton Beach FL 33487 |
| | | | |
| | | | |
| | | REINSTATEMENT 04-06 | |
| | | | |
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**11.** I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Kevi Acrema Date: 1/8/2006 Daytime Phone #: 2812596055

Typed or printed name of signing Managing Member/Manager: Kevin M. Acreman