


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000083465		
1. Entity Name HYDRO-TECH OF POMPANO BEACH INC.		

FILED

06 NOV 20 PM 3: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1331 SOUTH DIXIE HIGHWAY WEST 1A POMPANO BEACH, FL 33060	Mailing Address 1331 SOUTH DIXIE HIGHWAY WEST 1A POMPANO BEACH, FL 33060
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2. Principal Place of Business 1951 NW 21 ST Suite, Apt. #, etc.	3. Mailing Address 1951 NW 21 ST Suite, Apt. #, etc.
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City & State Pompano Beach Zip 33069 Country Broward	City & State Pompano Beach Zip 33069 Country Broward
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REINSTATEMENT 06
11/15/2006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent PICAZIO, MICHAEL J 1641 SOUTH OCEAN DRIVE FT. LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name Picazio, Michael J Street Address (P.O. Box Number is Not Acceptable) 2101 Middle River Dr City Ft. Lauderdale FL Zip Code 33305	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

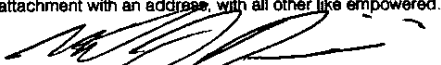
SIGNATURE:  DATE: 11/16/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICAZIO, MICHAEL J 1641 SOUTH OCEAN DRIVE FT. LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Picazio, Michael J 2101 Middle River Dr Ft. Lauderdale, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PICAZIO, JAMES 2001 NE 34TH ST. LIGHTHOUSE POINT, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500081958725 11/20/06--01065--021 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 11-16-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR