

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P96000039195

1. Corporation Name

AQUA TECH PRODUCTS, INC.

REINSTATEMENT

05-06

2. Principal Office Address

2330 BAYVIEW LANE

3. Mailing Office Address

2330 BAYVIEW LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33181

Country

USA

Zip

33181

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/07/1996

5. FEI Number

650700551

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name  
CHARLES O. MORGAN, JR. ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)  
1300 NORTHWEST 167th STREET

Suite, Apt. #, Etc.  
SUITE 3

City  
MIAMI

State  
FL

Zip Code  
33169

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

Date 12-27-2006

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
PD	ALISSIA M. SENIZA	2330 BAYVIEW LANE	MIAMI, FL 33181
VPST	JOANNE M. SENIZA	2330 BAYVIEW LANE	MIAMI, FL 33181

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01/02/07--01049--007 \*\*900.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-27-06

Date

305-624-0011

Daytime Phone #