

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 NOV -7 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

242034
Hydrocap Corp.

2. Principal Office Address - No P.O. Box #

975 N.W. 95 ST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

Country

Zip

Country

33150

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

1967

5. FEI Number

59-0931862

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GEORGE PERONI

Street Address (P.O. Box Number is Not Acceptable)

975 N.W. 95 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33150

800253660818

11/07/13--01018--010 **1200.00

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

George Peroni

REGISTERED AGENT MUST SIGN

Date

11/5/2013

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 |
|--------|--------------------------------------|---|---------------------|
| VPRES | MARK PERONI | 19435 S. O'BRIEN RD. | GROVELAND, FL 34736 |
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REINSTATEMENT
10-13

10. E-mail Address: Company Web Site = Hydrocap Corp. COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

George Peroni
GEORGE PERONI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/13

Date

305/696-2504

Daytime Phone #

NOV 7 2013