

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PROVED  
AND  
FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUL -2 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 540812

1. Corporation Name

FLORIDA HYDROMATIC CORPORATION

2. Principal Office Address

461 NW 79th St

3. Mailing Office Address

461 NW 79th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL 33150

City & State

MIAMI FL 33150

Zip

33150

Country

DADE

Zip

33150

Country

DADE

**REINSTATEMENT 98-03**

4. Date Incorporated or Qualified  
To Do Business in Florida

6/27/1977

5. FEI Number

59-0942281

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICHARD RAFOLS

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

461 NW 79th St.

Suite, Apt. #, Etc.

City

MIAMI FL 33150

State

FL

Zip Code

33150

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 6/19/03

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/S/V	RICHARD RAFOLS	461 NW 79th St	MIAMI FL 33150

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 under section 119.07(3)(i), 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: X

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/03

Date

308-758-6000

Daytime Phone #

CR2E081 (10/02)