

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **620004**

1. Corporation Name  
**HYDRAULICS ASSOCIATE, INC.**

Principal Place of Business  
**8311 N.W. 70TH STREET  
MIAMI FL 33166**

Mailing Address  
**8311 N.W. 70TH STREET  
MIAMI FL 33166**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**REINSTATEMENT 97-09**  
04/09/1979

4. Date Incorporated or Qualified To Do Business in Florida  
**04/09/1979**

5. FEI Number **59-1919445** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  **\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	SCALF, KEITH A	8311 N.W. 70TH STREET	MIAMI FL 33166

400002780784--7  
-02/19/99--01055--009  
\*\*\*\*500.00 \*\*\*\*500.00

400002780784--7  
-02/19/99--01055--010  
\*\*\*\*500.00 \*\*\*\*500.00

8. Name and Address of Current Registered Agent

**SCALF, KEITH A**  
**8311 N.W. 70TH STREET**  
**MIAMI FL 33166**

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City

**400002780784--7**  
**-02/19/99--01055--011**  
**\*\*\*\*50.00 \*\*\*\*50.00**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]*  
REGISTERED AGENT MUST SIGN

Date **2/15/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/15/99**  
Daytime Phone #

CR2E040 (8/97)