


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 JUN 12 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 620004
1. Corporation Name
 HYDRAULICS ASSOCIATES, INC.

2. Principal Office Address 8311 N.W. 70 STREET Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State SAME	
Zip 33166	Country USA	Zip SAME	Country SAME

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida APRIL 9, 1979
5. FEI Number 591919445
Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name KEITH A. SCALF		
Street Address (P.O. Box Number is Not Acceptable) 1075 OYSTERWOOD STREET		
Suite, Apt. #, Etc.		
City HOLLYWOOD	State FL	Zip Code 33019

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]* Date JUNE 06, 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
PRES	KEITH A. SCALF	1075 OYSTERWOOD STREET	HOLLYWOOD, FL. 33019

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06/21/06--01016--022 **1500.00

10. I certify that I am an officer or director of 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]* Date JUNE 06, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #