

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 JUN 12 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **620004**
1. Corporation Name

HYDRAULICS ASSOCIATES, INC.

2. Principal Office Address

8311 N.W. 70 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

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 ☐

\$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

REGISTERED AGENT MUST SIGN

Date JUNE 06, 2006

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

600076428736
06/21/06--01016--022 **1500.00

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

JUNE 06, 2006

Date

Daytime Phone #