

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 4:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000005393**

1. Corporation Name

**FLUID POWER PRODUCTS, INC.**

Principal Place of Business

Mailing Address

302 TURNPIKE ROAD  
SOUTHBORO MA 01772

P.O. BOX 408  
SOUTHBORO MA 01772

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/16/2001

5. FEI Number

04-2349038

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CUNNEEN, BRUCE R	84 EAST PLAIN STREET	WAYLAND MA 01778
V	PECORARO, JOHN	20 WELCOME ROAD	SMITHFIELD RI 02197
V	GREEN, JOHN F	2403 ARBORFIELD SQUARE	SARASOTA FL 34235
D	PIERCE, MELVIN	42 CLIFFSIDE DRIVE	PLYMOUTH MA 02360
STCD	CUNNEEN, JOHN J	116 PINE HILL ROAD	SOUTHBOROUGH MA 01772
D	PIERCE, MELVIN	42 CLIFFSIDE DRIVE	PLYMOUTH MA 02360

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREEN, JOHN F  
2403 ARBORFIELD SQUARE  
SARASOTA FL 34235

1777 NORTHGATE BLVD  
UNIT A5  
Sarasota, FL 34234

Name

Street Address (P.O. Box Numbers Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/21/03

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., 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:

*John F Green*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN F Green

Date

Daytime Phone #

10/21/03