# 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F07000000456

Entity Name: HYDRALOGIC SYSTEMS CORP.

FILED Oct 15, 2009 Secretary of State

10801 KEMPWOOD DRIVE 4051 SW 47TH AVE.

SUITE 1 105 & 106

HOUSTON, TX 77043 DAVIE, FL 33314 US

Current Mailing Address: New Mailing Address:

10801 KEMPWOOD DRIVE 10770 MOSS RIDGE RD.
SUITE 1 HOUSTON TX 77043 LIS

SUITE 1 HOUSTON, TX 77043 US HOUSTON, TX 77043

FEI Number: 72-1616394 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

### Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TICKTIN, PETER ESQUIRE 600 WEST HILLSBORO BLVD. SUITE 220 DEERFIELD BEACH, FL 33441 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PETER TICKTIN

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

### **OFFICERS AND DIRECTORS:**

#### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C ( ) Delete Title: P (X) Change ( ) Addition

Name:MACDONALD, RICHARDName:BECKLEY, MICHAELAddress:58 TERRACE DRIVEAddress:59 PENN DRIVE

City-St-Zip: DUNDAS, ON L9H 3X2 CA City-St-Zip: TORONTO, ON M9L 2A6 CA

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 SMITH, DOUG
 Name:

 Address:
 7 GLEASON ROAD
 Address:

 City-St-Zip:
 NOTTAWA, ON LOM 1PO CA
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 SAGER, CALVIN
 Name:

 Address:
 141 ROEHAMPTON AVENUE STE. 202
 Address:

 City-St-Zip:
 TORONTO, ON M4P 1P9 CA
 City-St-Zip:

Title: P (X) Delete Title: ( ) Change ( ) Addition

 Name:
 BECKLEY, MICHAEL
 Name:

 Address:
 501 WELHAM ROAD UNIT #8
 Address:

 City-St-Zip:
 BARRIE, ON L4N 8ZG CA
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUVENIA D. FOSTER MGR 10/15/2009