

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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16 JUN 15 AM 8:38

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TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 2015-2016		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F14M0001070**

1. Corporation Name

Hydrological Solutions, Inc.

2. Principal Office Address - No P.O. Box #

41212 Park 290 Dr.

Suite, Apt. #, etc.

Bldg. C

City & State

Waller, TX

Zip

77484

Country

US

3. Mailing Office Address

41212 Park 290 Dr.

Suite, Apt. #, etc.

Bldg. C

City & State

Waller, TX

Zip

77484

Country

U.S.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

3-7-2014

5. TEL Number

76-0514932

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

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hayes Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

500284060935

06/15/16--01025--004 **150.00

500284060935

04/01/16--01028--018 **750.00

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

Emily Croft

Emily Croft

REGISTERED AGENT MUST SIGN

Asst. Vice President

Date 3/25/16

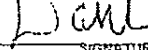
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Mr.	Darren A. Miller	2104 W. Cameron Ridge	Cypress, TX 77433
Mr.	Guy D. Sullins	12400 Bower Lane	South Lyon, MI 48178
Mr.	Donald L. Sullins	37120 Elizabeth Lane	New Boston, MI 48164
Mr.	Thomas P. Stephenson	1520 E. Newburg Rd.	Carleton, MI 48117
REINSTATEMENT 2015-2016 \$900.00			

10. E-mail Address: KNavarro@hydrologicalsolutions.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.917.155, F.S.

SIGNATURE:



Darren A. Miller

3-25-2016

936-372-1222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

K. ASHTON