PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 JUN 15 AM 8:38

FLORIDA DEPARTMENT OF STATE

CORPORATION REINSTATEMENT 2015-2016

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F14000010770

1. Corporation Name

Hydrological Solutions, Inc.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
41212 Park 290 Dr.	41212 Park 290 Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Bldg. C	Bldg. C
City & State	City & State
Waller, TX	Waller, TX
Zip / Country	Zip / Country
77484 / US	77484 / U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 3-7-2014

5. FEI 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 — REGISTERED AGENT MUST SIGN

Emily Croft
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	~~9104 W. Cameron Ridge~~	Cypress, TX 77433
Mr.	Guy D. Sullins	12700 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. 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.817.155, 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