

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003817

1. Corporation Name

HYDROLOGIC, INC.

Principal Place of Business

Mailing Address

4310 EAST ANDERSON RD.
ORLANDO, FL 32812

122 LYMAN ST.
ASHEVILLE, NC
28801

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

4/14/93

5. FEI Number

56-1736830

I Applied For

I 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City, State, Zip
P, C	THOMAS R. BARR	122 LYMAN ST.	ASHEVILLE, NC 28801
D	MICHAEL R. STONE	J.H. WHITNEY & CO. 177 BROAD ST. 17TH FLOOR	STAMFORD, CT 06501
D	JAMES R. MATTHEWS	J.H. WHITNEY & CO. 177 BROAD ST. 17TH FLOOR	STAMFORD, CT 06501
D	W. PHILLIP MARCUM	MARCUM NATURAL GAS 1675 BROADWAY #2200	DENVER, CO 80202
D	HERBERT R. MARTENS, JR.	NATCITY INVESTMENTS 20 NORTH MERIDIAN ST.	INDIANAPOLIS, IN 46204
T, S	EDWARD J. MCGOWAN	122 LYMAN ST.	ASHEVILLE, NC 28801

8. Name and Address of Current Registered Agent

The Prentice-Hall Corporation
System, Inc.
1201 Hays Street, Suite 105
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name: C.T. Corporation System
Street Address (P.O. Box Number is Not Acceptable):
1200 South Pine Island Road
Suite, Apt. #, Etc.

City

State

Zip Code

FL

33324

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

7-25-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐

No ☒

(See other side for information on intangible tax.)

12. 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:

[Signature]

EDWARD J. MCGOWAN VP

Date

7/23/97 704-258-3746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED
97 JUL 28 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 910-97

CR02040 11/2/97