

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000004820

1. Corporation Name

HYDROMACHINERY CONSULTING SERVICES, INC.

Principal Place of Business

Mailing Address

~~4020 MORELAND DR~~ 5216 FAIRWAY ONE ~~4020 MORELAND DR~~ 5216 FAIRWAY ONE
VALRICO FL 33594 VALRICO FL 33594



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5216 FAIRWAY ONE DR.

3. New Mailing Office Address, If Applicable

5216 FAIRWAY ONE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALRICO, FL

City & State

VALRICO, FL

Zip

33594

Country

USA

Zip

33594

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1996

5. FEI Number

59-3399123

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPST	KALE, STEVE	4020 MORELAND DR.	VALRICO FL 33594

201.25-AR
10.00-ARARS
88.75-ARARS
8.75-Cert

100005729721--9

-06/11/02--01002--021

****308.75 ****308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KALE, STEVE
4020 MORELAND DR.
VALRICO FL 33594

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Steve Kale
REGISTERED AGENT MUST SIGN

Date

12/11/01

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:

Steve Kale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/11/01

Daytime Phone #

813-657-9065

CR2040 (8/01)

From the desk of:
David Bankston

Date: May 1, 2002

To: Florida Dept. of State
Reinstatement Section

Re: Hydromachinery Consulting Services, Inc.

I am the CPA for the above referenced client. I am requesting that my client have his corporation reinstated and the late fees waived for the following reason(s):

Steve Kale is the President and sole owner of Hydromachinery Consulting Services, Inc. His profession involves working on long-term contracts for various companies - contracts which take him out of the country for extended periods of time. He was out of the country on several long trips last year and, in addition, moved to a new residence (Mr. Kale works out of his home). He states that he doesn't recall ever receiving a 2001 report from the Division of Corporations. He feels that this piece of mail may not have been forwarded.

Mr. Kale has filed his reports in a timely fashion in the past. He has enclosed a check for \$158.75 as he would like a Certificate of Status. Please process this application and send a report for 2002 as soon as possible.

If there are any questions or if more information is needed, please feel free to call me at (813) 205-7095.

Thank you.

