

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 17 PM 5:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G 96920**

1. Corporation Name

Hycos Products, Inc.

2. Principal Office Address

140 Akron Rd.

Suite, Apt. #, etc.

City & State

Lake Worth, FL.

Zip

33467

Country

USA

3. Mailing Office Address

2200 Shardown Mews

Suite, Apt. #, etc.

City & State

Mississauga, Ontario

Zip

LSA 2Z7

Country

Canada

REINSTATEMENT

95.04

4. Date Incorporated or Qualified
To Do Business in Florida

Apr. 19, 1984

5. FEI Number

59-2705805

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

Heinz Bolender

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

140 Akron Rd.

Suite, Apt. #, Etc.

City

Lake Worth, FL.

State

FL

Zip Code

33467

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

Heinz Bolender

Date **Nov. 14, 2004**

REGISTERED AGENT MUST SIGN

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
Pres.	Heinz Bolender	140 Akron Rd	Lake Worth, FL. 33467
			100042850281

10. 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: **Heinz Bolender** **Heinz Bolender** **Nov. 14, 2004** **905-2796218**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY

2082

ACCOUNT NO. : 072100000032

REFERENCE : 977624 7462390

AUTHORIZATION :

COST LIMIT :

Patricia Pizoto

ORDER DATE : November 17, 2004

ORDER TIME : 2:35 PM

ORDER NO. : 977624-005

CUSTOMER NO: 7462390

CUSTOMER: Mr. Heinz Bolender
Hyco Products, Inc.
140 Akron Road

Lake Worth, FL 33467

DOMESTIC FILINGS

NAME: HYCO PRODUCTS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS _____

RECEIVED
04 NOV 17 PM 3:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA