

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # H02258

1. Corporation Name
HYDROPRO, INC.

Principal Place of Business

1346 S. KILLIAN DRIVE
LAKE PARK FL 33403
US

Mailing Address

1346 S. KILLIAN DRIVE
LAKE PARK FL 33403
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/07/1984

5. FEI Number

59-2407190

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DTSV	GOODIN, BRUCE D	1541 COPLEY STREET 697 S.E. WHITMORE DR.	PORT ST. LUCIE, FL 34987
DV	MOHLENHOFF, BERNARD D MOHLENHOFF, BERNARD D	403 PITTSBURGH DRIVE	JUPITER FL 33458
DP	BOGCHINO, WILLIAM H	117 OAK POND DRIVE	JACKSONVILLE FL 32206
DL	HENDERSHAW, WILLIAM K.	1201 SEAFARER CIRCLE, #101	JUPITER, FL 33477-9067
			300003026803-8 -10/27/99--01085--001 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

GOODIN, BRUCE D
1541 COPLEY STREET 697 S.E. WHITMORE DRIVE
PORT ST. LUCIE FL 34987
34987

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Bruce D. Goodin
REGISTERED AGENT MUST SIGN

Date October 14, 1999

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:

Bruce D. Goodin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 14, 1999 561-848-6788

Date

Daytime Phone #