

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 DEC -5 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H02258

1. Corporation Name

HYDROPRO, INC.

Principal Place of Business

Mailing Address

1346 S. KILLIAN DRIVE  
LAKE PARK FL 33403  
US

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/07/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2407190

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
<del>DTSV</del>	<del>GOODIN, BRUCE D</del>	<del>697 S.E. WHITMORE DR</del>	<del>PORT ST. LUCIE FL 34987</del>
<del>DV</del>	<del>MOHLENHOFF, BRENNARD D</del>	<del>403 PITTSBURGH DRIVE</del>	<del>JUPITER FL 33458</del>
DC	HENDERSHAW HENDERSON, WILLIAM K	1201 SEAFARER CIRCLE, #101	JUPITER FL 33477
S/T/M	AGUIAR, MARIBEL C.	6700 Escondida Drive	WPBch, FL 33406
M	MCGAHEN, DAVID A.	4501 SW FLORAL STREET	PT. ST. LUCIE, FL 34953
M	PUND, THEODORE M.	4929 Pine Cone Lane	WPBch, FL 33417

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

HENDERSHAW, WILLIAM K.

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

1201 SEAFARER CIRCLE

Suite, Apt. #, Etc.

# 101

City

JUPITER

State

FL

Zip Code

33477

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

WILLIAM K. HENDERSHAW  
REGISTERED AGENT MUST SIGN

Date 11/30/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MARIBEL C. AGUIAR

11/30/00 561-848-6788  
Date Daytime Phone #