

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 14 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000023372

1. Corporation Name
Bulldog Hydraulics and Fabrication

2. Principal Office Address
1003 Garnett St

3. Mailing Office Address
1003 Garnett St

REINSTATEMENT 04-05

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lantana FL

City & State
Lantana FL

4. Date Incorporated or Qualified To Do Business in Florida 2001

5. FEI Number
65-1130303

Applied For
Not Applicable

Zip
33462

Country
United States

Zip
33462

Country
United States

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Tamara Bursley

Street Address (P.O. Box Number is Not Acceptable)
1003 Garnett St.

600052078446
04/26/05--01017--019 **900.0

Suite, Apt. #, Etc.

City
Lantana FL

State
FL

Zip Code
33462

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
Tamara K Bursley
REGISTERED AGENT MUST SIGN

Date 2/14/05

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	Roderick S Bursley	1003 Garnett St	Lantana FL 33462
Sec.	Tamara K Bursley	1003 Garnett St	Lantana FL 33462

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: Tamara K Bursley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05
Date

561-662-6922
Daytime Phone #

CR2E081 (01/05)