

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2007 JAN -2 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000023372

1. Corporation Name

Bulldog Hydraulics and Fabrication.

2. Principal Office Address

1003 Garnett St

Suite, Apt. #, etc.

City & State

Lantana FL

Zip

33462

Country

USA

3. Mailing Office Address

1003 Garnett St

Suite, Apt. #, etc.

2

City & State

Lantana FL

Zip

33462

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

08/02/2001

5. FEI Number

65-1130303

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

Tamara K Bursey

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

1003 Garnett St

Suite, Apt. #, Etc.

L1

City

Lantana

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 Bursey  
REGISTERED AGENT MUST SIGN

Date 12/26/06

**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
<u>P</u>	<u>Roderick S. Bursey</u>	<u>1003 Garnett St</u>	<u>Lantana FL 33462</u>
<u>S</u>	<u>Tamara K. Bursey</u>	<u>1003 Garnett St</u>	<u>Lantana FL 33462</u>

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 contained in Chapter 119, 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/26/06

Daytime Phone #

561-582-3469