

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 FEB 13 A 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000023372*

1. Corporation Name

Bulldog Hydraulics and Fabrication Inc

2. Principal Office Address - No P.O. Box #

1003 Garnett St

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Lantana FL

City & State

Zip

33462

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/2/01

5. FEI Number

65-1130303

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 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.

Suite, Apt. #, Etc.

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 Bursley
REGISTERED AGENT MUST SIGN

Date

2/9/09

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
<i>President</i>	<i>Roderick S. Bursley</i>	<i>1003 Garnett St.</i>	<i>Lantana FL, 33462</i>
<i>Secretary</i>	<i>Tamara Bursley</i>	<i>1003 Garnett St.</i>	<i>Lantana FL, 33462</i>

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REINSTATEMENT

07-09

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:

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

2/9/09
Date

561-586-3363
Daytime Phone #