


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 MAY -6 PM 3:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000023372

1. Corporation Name
BULLDOG HYDRAULICS AND FABRICATION, INC.

Principal Place of Business 1003 GARNETT ST LANTANA FL 33462	Mailing Address 1003 GARNETT ST LANTANA FL 33462
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REINSTATEMENT

02-03

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 03/02/2001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-1130303	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres.	Roderick S. Bursey	1003 Garnett St.	Lantana FL 33462
Sec.	Tamara K. Bursey	1003 Garnett St	Lantana FL 33462
			100011890821 02/05/03--01091--006 **750.00
			100011890821 05/06/03--01085--012 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURSEY, TAMARA 1003 GARNETT ST LANTANA FL 33462	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State FL
	Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 1/10/03
 REGISTERED AGENT MUST SIGN

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 REQUIRED Date: 1/10/03
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2ED40 (8/02)