

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 24 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000049731

1. Corporation Name

DEPENDABLE HYDRAULICS INCORPORATED

Principal Place of Business

4489 BARRINGTON OAKS DRIVE
JACKSONVILLE FL 32257

Mailing Address

4489 BARRINGTON OAKS DRIVE
JACKSONVILLE FL 32257

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 24611

Jacksonville, FL

32241

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/2001

5. FEI Number

59-3737859

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	OLIVER, JOSEPH P	4489 BARRINGTON OAKS DRIVE	JACKSONVILLE FL 32257

000008565260
10/24/02--01037--017--**150.00

8. Name and Address of Current Registered Agent

OLIVER, JOSEPH P
4489 BARRINGTON OAKS DRIVE
JACKSONVILLE FL 32257

9. Name and Address of New Registered Agent

Name

Joseph P. Oliver

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

4489 Barrington Oaks Dr

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32257

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

Joseph P. Oliver SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/22/02

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:

Joseph P. Oliver SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02
Date

(904) 443-7445
Daytime Phone #

CR20040 (802)

Dependable Hydraulics Incorporated

P.O. Box 24611 Jacksonville, FL 32241
Office (904) 443-7445 . Fax (904) 733-1415

To whom it may concern:

Please note that I have not received the prior UBR notices. As per required I have enclosed a check in the amount of \$150.00.

Thank you.


Joseph P. Oliver

Service Engineer

Owner's Representative

Date