

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0100008877

1. Corporation Name

HYDRA-SYSTEMS & ENGINEERING EQUIPMENT INC.

2. Principal Office Address

6000 NW 84 AVENUE

Suite, Apt. #, etc.

SUITE 102

City & State

MIAMI, FLORIDA

Zip

33166

Country

3. Mailing Office Address

6000 NW 84 AVENUE

Suite, Apt. #, etc.

SUITE 102

City & State

MIAMI, FLORIDA

Zip

33166

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09-04-01

5. FEI Number

65-1138670

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Add to fee for required
for a certificate of status

7. Name and Address of Current Registered Agent

Name

JULIO PEREZ

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

6000 NW 84 AVENUE

Suite, Apt. #, Etc.

SUITE 102

City

MIAMI

State
FL

Zip Code

33166

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

Date 12-02-02

REGISTERED AGENT MUST SIGN

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
PD	JULIO P. ECHEVARRIA	6000 NW 84 AVENUE	MIAMI, FL 33166
VD	JULIO PEREZ	6000NW 84 AVENUE	MIAMI, FL 33166

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

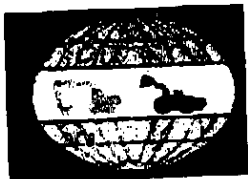
12 02 02

054 074 0414

Date

Reinstatement Fee

CR2001 (M01)



HYDRA-SYSTEMS & ENGINEERING EQUIPMENT, INC.

6000 N.W. 84 Avenue,
Suite 102
Miami, Florida 33166
(F) 954-274-2414 (F) 305-221-2376
e-mail: hsee_usa@yahoo.com

December 26, 2002

Florida Department of State

Division of Corporations

409 E Gaines Street

Tallahassee, FL 32399

To: Michael
From: Julio Perez

Dear Sir/Madam:

My name is Julio Perez, Vice-Director of the above referenced corporation, document #P01000088177. I just realized the corporation has been dissolved for annual report and it will cost \$550.00 to reinstate it. I don't recall receiving the renewal form. We moved our offices to the above address.

Please advise if it is possible to file the annual form at the original rate, I apologize for not reporting the change of address on time.

Thank you so much, sincerely

Julio Perez

Vice - President

PD : It was the original first letter. We paid the fee of US \$150.00 as I told you. Please we need the Reinstatement the Corporation. Also update your records about my new address above. Thank you.