

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000128909

FILED
Oct 21, 2004
Secretary of State

Entity Name: HYDROGAIN TECHNOLOGIES, INC.

Current Principal Place of Business:

1521 ALTON RD
SUITE 622
MIAMI, FL 331393301

New Principal Place of Business:

3260 NW 23RD AVE
SUITE 1100 E
POMPANO BEACH, FL 33069

Current Mailing Address:

1521 ALTON RD
SUITE 622
MIAMI, FL 331393301

New Mailing Address:

3260 NW 23RD AVE.
SUITE 1100 E
POMANO BEACH, FL 33069

FEI Number: 01-0819783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCULLOUGH, STEPHEN D CLA
1301 E OAKLAND PARK BLVD
FT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

ARCHOLECAS, MILTON
3260 NW 23RD AVE.
SUITE 1100 E
POMPANO BEACH, FL 33069 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MILTON ARCHOLECAS

10/21/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: ARCHOLECAS, MILTON
Address: 3260 NW 23RD AVE. # 1100 E
City-St-Zip: POMPANO BEACH, FL 33069

Title: S () Change (X) Addition
Name: ARCHOLECAS, MILTON
Address: 3260 NW 23RD AVE. # 1100 E
City-St-Zip: POMPANO BEACH, FL 33069

Title: T () Change (X) Addition
Name: ARCHOLECAS, MILTON
Address: 3260 NW 23RD AVE. # 1100 E
City-St-Zip: POMPANO BEACH, FL 33069

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON ARCHOLECAS

P

10/21/2004

Electronic Signature of Signing Officer or Director

Date