

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 APR 16 AM 10:37

DOCUMENT # **P06000028120**

1. Corporation Name

International Hydraulics Direct, Inc.

04/07/10 01029 008 458.8
900174854279

CR2E081 (11/09)

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

3571 S.W. 117th Ave.

Suite, Apt. #, etc.

6101

City & State

Miami, FL

Zip

33175

Country

Dade

3. Mailing Office Address

3571 S.W. 117th Ave.

Suite, Apt. #, etc.

6101

City & State

Miami, FL

Zip

33175

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

2-24-2006

5. FEI Number

20-4394540

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Antonio Cannet

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

3571 S.W. 117th Ave.

Suite, Apt. #, Etc.

6101

City

Miami

State

FL

Zip Code

33175

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Antonio Cannet

Date **4-6-10**

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
P	Antonio Cannet-President	3571 sw 117th Ave, unit 6101	Miami, FL. 33175

REINSTATEMENT

08-10 B 4/19/10

10. E-mail Address: **acannet@yahoo.com**

(To be used for future annual report notification)

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. I further certify, 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:

Antonio Cannet

Antonio Cannet

Date **4-6-10**

305-456-1581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #