

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1042

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 10 PM 4:30

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000041557

1. Corporation Name

AKAIDA HYDRAULIC SERVICE, INC.

2. Principal Office Address

7876 GRANADA PLACE

Suite, Apt. #, etc.

#703

City & State

BOCA RATON, FLORIDA

Zip

33433

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

CR2E081 (8/05)

95-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/2/1994

5. FEI Number

59-3254817

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

ROMULO LANDER

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

7876 GRANADA PLACE

Suite, Apt. #, Etc.

#703

City

BOCA RATON, FLORIDA

State

FL

Zip Code

33433

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

[Signature]

Date

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	MILAGRO MENDOZA	7876 GRANADA PLACE # 703	BOCA RATON, FLORIDA 33433
VP	SIGFRIED KEICHER	7876 GRANADA PLACE # 703	BOCA RATON, FLORIDA 33433
S	ROMULO LANDER	7876 GRANADA PLACE # 703	BOCA RATON, FLORIDA 33433

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/30/05

2012

Akaida Hydraulic Services, Inc.
7876 Granada Place #703
Boca Raton, 33433

September 29, 2005

Department of State
Division of Corporations
Amendment to Articles of Incorporation
409 East Gaines St.
Tallahassee, Florida 32399

Document #: P94000041557

To whom it may concern:

Attached please find a submission of reinstatement for Akaida Hydraulic Services, Inc, and a check in the amount of \$1,650.00 for 11 years of absent filings.

In addition to my request for reinstatement, I would like to ask for a waiver of my reinstatement fee. When we incorporated we were not told that we would need to pay an annual fee, and after several address changes, did not receive your notices.

If you have any questions, please contact me at the above address above.

Thank you in advance,



Romulo Lander,
Secretary and Agent