

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000066855

1. Corporation Name

HYDROCARBONS+, INC.

2. Principal Office Address

1010 Drew Street

Suite, Apt. #, etc.

N/A

City & State

Clearwater, FL 33755

Zip

33755

Country

U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

N/A

City & State

Clearwater, FL 33755

Zip

33755

Country

U.S.A.

REINSTATEMENT

FILED

00 DEC 15 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

July 16, 1998

5. FEI Number

65-052-0087

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

RICHARD D. GREEN, ESQUIRE

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

1010 Drew Street

Suite, Apt. #, Etc.

N/A

City

Clearwater

State

FL

Zip Code

33755

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

Richard D. Green

REGISTERED AGENT MUST SIGN

Date

10/30/2000

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	
Dir.	Robert Allen De Young	5350 Baldwin Drive	Hudsonville, MI 49426
Dir.	Pete Miedema	4940 Meadowview Court	Hudsonville, MI 49426
Treas.			
Dir.	Ralph Serum	8307 Wallingwood Spgs.	Jenison, MI 49428

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

Sandy W. Bouly President

Date

10/31/00

Daytime Phone #

727-734 8552

CR2001 (9/99)