

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 31 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000001999

1 Corporation Name

HYDRAULIC CONTROL TECHNOLOGY, INC.

Principal Place of Business

1588 WARRINGTON STREET
WINTER SPRINGS FL 32708

Mailing Address

1588 WARRINGTON STREET
WINTER SPRINGS FL 32708



REINSTATEMENT *re*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/1995

5. FEI Number

59-3292224

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DESJARDIN, JEAN PAUL	1645 ADOLPHE PINARD	QUEBEC CANADA
D.	DESJARDIN, YVON	1469 RUE BOIS DE BOULOGNE	CHICOUTIMI QUEBEC CANADA
P	LEE, MICHAEL	1588 WARRINGTON ST	WINTER SPRINGS, FL, 32708
			900002051599--6
			-01/08/97--01131--002
			*****375.00 *****375.00
			JB1-2-97

8. Name and Address of Current Registered Agent

LEE, MICHAEL E
1588 WARRINGTON STREET
WINTER SPRINGS FL 32708

9. Name and Address of New Registered Agent

Name

900002051599--6

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

-01/08/97--01131--003

Suite, Apt. #, Etc. *****8.75 *****8.75

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Michael E Lee
REGISTERED AGENT MUST SIGN

Date

12-23-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Michael E Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-23-96 4073598719

Date

Daytime Phone #