

192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 23 AM 8:00

DOCUMENT # P970000026923

**1. Corporation Name**

HYDROGEN TECHNOLOGY APPLICATIONS, INC.  
4707 140th AVENUE, NORTH, SUITE 116  
CLEARWATER, FLORIDA 33762

**REINSTATEMENT**

03

000025733190  
12/23/03--01051--005 \*\*150.00

MRS

**2. Principal Office Address**

4707 140th AVENUE, NORTH

Suite, Apt. #, etc.

#116

City & State

CLEARWATER, FLORIDA

Zip

33762

Country

USA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

SAME

City & State

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

3/20/97

**5. FEI Number**

59-3463606

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

PETER DOMENICI

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

4707 140th AVENUE, NORTH

Suite, Apt. #, Etc.

116

City

CLEARWATER,

State

FL

Zip Code

33762

**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]

REGISTERED AGENT MUST SIGN

Date

12/17/03

**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
DP	DENNIS J. KLEIN	66 PELICAN PARK	BELLEAIR, FL 33756
DV	PETER DOMENICI	201 W. DAVIS BLVD	TAMPA, FL 33606
DV	JOHN M. ASTRAB	3000 ARBOR CANS DRIVE	TARPON SPRINGS, FL 34689
DV	HAROLD A. KLEIN	1220 MADDEN AVE, #7	TOLSON, OH 43624

**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

PETER DOMENICI

Date

12/17/03

Daytime Phone #

727-531-5979

CS-2001 (10/02)



## Hydrogen Technology Applications, Inc.

December 10, 2003

Florida Department of State  
Division of Corporations

RE: Application for Reinstatement of  
Hydrogen Technology Applications, Inc.  
Document #: P97000026923

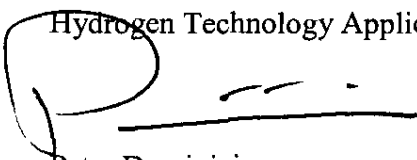
*2003 UBR*

With this letter, Hydrogen Technology Applications, Inc. is requesting that the  
reinstatement fee be waived, as the corporation did not receive the two prior uniform  
business reports from the State of Florida nor the Notice of Administrative Dissolution.

It appears as though the mailing address on file with the Florida Department of State was  
incorrect and may have caused these non-receipt events to occur.

Sincerely,

Hydrogen Technology Applications, Inc.

  
Peter Dominici  
Director and Vice President