

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra M. Mathan  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC -6 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # HYDRO LIFE OF FLORIDA, INC.

1. Corporation Name

PA8000000203

Principal Place of Business

Mailing Address

11064 Scott Loop Rd. P. O. Box 718  
Riverview, FL 33569 Riverview, FL 33568

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

1/2/98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3482506

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
VP/D	Bryan Thomas	11064 Scott Loop Rd.	Riverview, FL 33569
			100003070661--7 -12/14/99--01111--017 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

Bryan Thomas  
11064 Scott Loop Rd.  
Riverview, FL 33569

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bryan Thomas, Vice President

October 29, 1999

Date

Daytime Phone #

(813) 677-3080

KE

CR20040 (1/98)

2

Hydro Life Of Florida, Inc  
P.O. Box 718  
Riverview, FL 33568

December 1, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern,

Subject: Reinstatement of corporation

I would like to have you reinstate the corporate status of Hydro Life of Florida. The corporation was established in January of 1998. I understand that each year we are responsible for renewing our corporation with the State of Florida upon receipt of a form that is sent by the state. We, however, never received such notice as documented in your records. On December 1, 1999, I spoke with someone at the office in Tallahassee who confirmed that the notices that were sent to us we returned because the mailing address was incorrect. I gave your representative our correct mailing address and was told to send the application for reinstatement along with \$150.00 to you. If there is anything else required of us, please let us know as soon as possible.

Sincerely,

Bryan Thomas  
Vice President  
Hydro Life Of Florida, Inc