~AP→LICATION **FOR**



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT

P99000060337

1. Corporation Name

HYDRAFORCE, INC.

REINSTATEMENT

Principal Place of Business

Mailing Address

7909 PROFESSIONAL PLACE? TALIDA EL 99097

7909 PROFESSIONAL PLACE TAMBA EL COCCA

FILED OI JAN 19 PM 3: 39

SCURETÁNY OF STATE TALLAHASSEE, FLORIDA



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If above a	ddresses are incorrect in any way, line thro	ough incorrect inform	ation and enter correction b	elow.		
	ncipal Office Address, If Applicable	3. New Mailing Of	ffice Address, If Applicable		porated or Qualified	
<u>フ/クス</u> Suite, Apt. #		Suite, Apt. #, etc.	interpreyes.	(UC) TO DO BUSI	ness in Florida 07/01/1999	
				5. FEI Numbe	Applied For	
City & State	in a FI	City & State	17	299	3566+4+ Not Applicable	
Zip 3/	Country	Janos Zip	Country		E OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
<u>こして</u> 7. Names a	and Street Addresses of Each Officer and	<u>の </u>		シンC 作 ist at least 3 directors)		
	Name of Officers		Street Address	of Each	On 1000 (7)	
Title(s)	and/or Directors 2	3	Officer and/or	Director	City / State / Zip	
PD	SIMMER, RICHARD	79	909 PROFESSIONAL PL	ACE	TAMPA FL 33637	
).			700003575737 -01/26/0101015003			
					****900.00 ****900.00	
			ne sa	TENENT	06-01	
	8. Name and Address of Current I	Registered Agent	9. Name and Address of New Registered Agent			
			Name		.,,	8
SIMMER, RICHARD			Street Address (P.O. Box Number is Not Acceptable)			CR2E040 (8/00)
7909 PROFESSIONAL PLACE			Constitution (1.0. Box National Constitution)			SEG
TAMPA FL 33637			Suite, Apt. #, Etc.			Ò
			City		State Zip Code	
10. I, being	appointed the registered agent of the abo	ve named corporation	n, am familiar with and acce	pt the obligations of Sect	• —	
Signature of Registered A	Agent	GISTERED AGENT	REQUIRE MUST SIGN	7.6.ト 1.1.カ	Date	
this reins owed by	statement application, the reason for disso	lution has been elimi names of individuals I	inated, the corporate name s listed on this form do not qu	satisfies the requirements alify for an exemption un	apter 607 or 617, F.S. I further certify that when filing s of section 607.0401 or 617.0401, F.S., that all fees ider section 119.07(3)(i), F.S. The information indicated	