

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000083341**

1. Corporation Name

HYDROPOLYPONIC SYSTEMS, INC.

Principal Place of Business

Mailing Address

**3646 OVERLOOK DR. N.E.
ST. PETERSBURG FL 33703**

**3646 OVERLOOK DR. N.E.
ST. PETERSBURG FL 33703**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/1999

5. FEI Number

59-3599980

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DST	BARANOVA, IRINA	3646 OVERLOOK DR. N.E.	ST. PETERSBURG FL 33703
DP	VAN PELT, CRAIG	3646 OVERLOOK DR NE	SAINT PETERSBURG FL 33703
D	SKINNER, MICHAEL C	1043 ALBERTA DR	WINTER PARK FL 32780
D	KELLER, RICHARD	451 CR 15	SANFORD FL 32774
D	ABER, STANLEY	123 E 54TH ST	NEW YORK NY 10022

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BARANOVA, IRINA
3646 OVERLOOK DR. N.E.
ST. PETERSBURG FL 33703**

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. or 617.0505, F.S.

Signature of
Registered Agent

IRINA BARANOVA
REGISTERED AGENT MUST SIGN

Date

10/17/02

11. 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:

CRAIG VAN PELT, President/Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/03 727-527-2215

CR2040 (7/03)

Hydropolyponic Systems, Inc.
3646 Overlook Drive NE
Saint Petersburg, Florida 33703

October 16, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Subject: Reinstatement Without Penalty
Corporation: **Hydropolyponic Systems, Inc.**
Document #: P99000083341

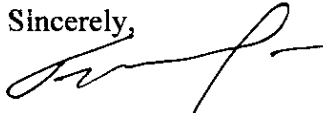
Dear Sir or Madam:

Enclosed please find our check in the amount of \$150.00 in payment for our UBR filing fee.

We request reinstatement of the corporation without penalty since we did not receive any prior UBR notices.

Thank you for your cooperation in this matter.

Sincerely,



Irina Baranova
Registered Agent



Craig Van Pelt
Director & President