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 17 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # **P02000032351**

1. Corporation Name

HYDROL-PRO TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
37842 AVALON DRIVE ZEPHYRHILLS FL 33541	37842 AVALON DRIVE ZEPHYRHILLS FL 33541

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: 03/25/2002

5. FEI Number: 01-0651199 — 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
CEO	MORRIS, MARY L	37842 AVALON DRIVE	ZEPHYRHILLS FL 33541
P	MORRIS, KEVIN A	37842 AVALON DRIVE	ZEPHYRHILLS FL 33541
		300023908283 10/17/03--01062--004 **150.00	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MORRIS, MARY L 37842 AVALON DRIVE ZEPHYRHILLS FL 33541	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State: FL — Zip Code

CR2E040 (7/03)

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: X SIGNATURE Mary L Morris — Date X 10-14-03
REGISTERED AGENT MUST SIGN

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: X SIGNATURE Mary L Morris — X 10-14-03 — X 813-780-675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Judson B. Baggett, CPA, PA

Certified Public Accountants

Judson B. Baggett, MBA, CPA, Partner
Marci Reutimann, CPA, Partner

6815 Dairy Road
Zephyrhills, FL 33540
Phone: (813) 788-2155
Fax: (813) 782-8606

October 13, 2003

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

Re: Corporation: Hydrol-Pro Technologies, Inc.
FEI#: 01-0651199
Notice of Administrative Dissolution or Revocation

Dear Sir or Madam,

We are writing on behalf of the above referenced Corporation regarding the Application for Reinstatement it received this week from the Division of Corporations.

The Corporation did not receive either of the two prior uniform business report (UBR) notices, but wishes to continue in business in the state of Florida. This is a new corporation and the shareholder was unaware of the requirement for filing an annual Uniform Business Report. We have enclosed in this mailing, the appropriate filing fee of $150.00 and request the reinstatement fee be waived..

If you need more information concerning this matter, please contact us at (813) 788-2155.

Sincerely,

JUDSON B. BAGGETT, CPA
JBB/adm

enc Application for Reinstatement
Check for $150.00

(AM\HydroII)