

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 29 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# 480868

1. Corporation Name

GUEST WELL DRILLING CO.

REINSTATEMENT 01-02

2. Principal Office Address

7355 North Leewynn Drive

3. Mailing Office Address

7355 North Leewynn Drive

Suite, Apt., etc.

Suite, Apt., etc.

City & State

Sarasota, Florida 34240

City & State

Sarasota, Florida 34240

Zip

34240

Country

USA

Zip

34240

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/1975

5. FEI Number

59-1609057

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

J. Geoffrey Pflugner, Esquire

Street Address P.O. Box Number is Not Acceptable

2033 Main Street

Suite, Apt., Etc.

Suite 600

City

Sarasota, FL

State

FL

Zip Code

34237

8. I, being appointed registered agent of the above named corporation, am familiar with and accept the obligations of section

.55 or 5, F.S.

Signature of
Registered Agent

[Signature]

Date

1/16/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director Florida non-profit corporations must list at least directors

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
P	James R. Guest	7355 N. Leewynn Drive	Sarasota, FL 34240
VP	Mary L. Guest	7355 N. Leewynn Drive	Sarasota, FL 34240

10. I certify that a man or officer or director or trustee or empowered to execute this application as provided for in chapter or, F.S. If further certification is required, the reason for dissolution has been eliminated, the corporation's name satisfies the requirements of section or, 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, 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]

James R. Guest

01/16/02

(941) 343-0928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone#

CR2E081 (9/01)