

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 JUN 10 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 652903

1. Corporation Name

LOC Pump & Control, Service & Rental Inc.

REINSTATEMENT

15-02

2. Principal Office Address
Park Condo
Willoughby Business

3. Mailing Office Address
Willoughby Business Park Condo

Suite, Apt. #, etc.
Unit C-3

Suite, Apt. #, etc.
Unit C-3

City & State
Stuart, FL

City & State
Stuart, FL

4. Date Incorporated or Qualified
To Do Business in Florida
1/21/80

5. FEI Number
591969901

Applied For
Not Applicable

Zip Country
34996 USA

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34996 USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Charles F. Lowell

300005971013 --4

Street Address (P.O. Box Number is Not Acceptable)
Willoughby Business Park Condominium

06/25/02 01038 020
***1800.00 ***1000.00

Suite, Apt. #, Etc.
Unit C-3

City
Stuart

State Zip Code
FL 34996

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Charles F. Lowell*

Date 5/29/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Charles F. Lowell III	7 West High Point	Stuart, FL 34996
V.P./ Secy.	Barbara Lowell	7 West High Point	Stuart, FL 34996
			1650 - Adm
			61.25 - AR
			88.75 - ARS/P

10. 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: *Charles F. Lowell*

Date 5/29/02

(772) 220-1993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

B