

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 FEB -1 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004700**

1. Corporation Name

SHEA'S WELL & PUMP SERVICE, INC.

Principal Place of Business

P.O. BOX 250
LAKE PARK GA 31636

Mailing Address

P.O. BOX 250
LAKE PARK GA 31636



If above addresses are incorrect in any way, line through incorrect information and enter correction below

REINSTATEMENT

00-01

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/12/1994	
City & State		City & State		5. FEI Number	
Zip		Country		58-2128614	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	SHEA, ANTHONY	381 SHEAVETTE RD.	LAKE PARK GA 31636
V	SHEA, CHERYL	381 SHEAVETTE RD.	LAKE PARK GA 31636
			100003811061--4 -03/01/01-0109-005 ***750.00 ***750.00
			100003811061--4 -03/01/01-0109-006 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1406 HAYS ST.
SUITE 2
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name *Capital Connection, Inc.*
Street Address (P.O. Box Number is Not Acceptable) *417 E. Virginia St.*
Suite, Apt. #, Etc.
City *Tallahassee* State *FL* Zip Code *32301*

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.

Signature of
Registered Agent

WEIMAR LOPEZ
REGISTERED AGENT MUST SIGN

Date

2/1/01

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/00
Date

Daytime Phone #