

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F99000002896

1. Corporation Name

QUALITY PUMP SYSTEMS, INC.

Principal Place of Business

Mailing Address

1010 COUNTY ROAD 731  
VENUS FL 33960

1010 COUNTY ROAD 731  
VENUS FL 33960

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

06/07/1999

5. FEI Number

52-2078216

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
D	COMEAX, EDWARD	1920 CANAL BLVD.	THIBODAUX LA 70302
P	LEONHARDT, CHARLES	52 COVE ROAD	HUNTINGTON NY 11743
S	LAREN, KUND	320 LEXINGTON AVE	NEW YORK, NEW YORK
			000004689910-0 -11/20/01--01080--006 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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.

Signature of  
Registered Agent

*[Signature]*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/23/01

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:

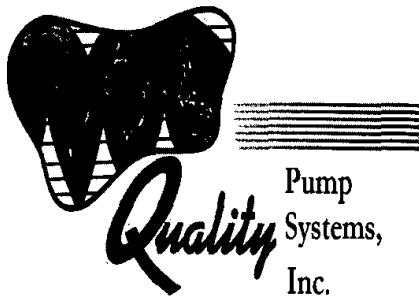
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(212) 389-7676

Daytime Phone #



Phone: 863-699-9300

Fax: 863-699-9301

**Axial Flow Propeller Pumps, New  
Pumps, Pump Repairs,  
Rental Pumps, Turn Keys, and  
Installation**

Capacities 500 GPM to 100,000 GPM

Sizes range from 8" to 60"

October 15, 2001

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Dear Sir or Madam:

I recently received a notice from your department that our Corporation status had been revoked. I telephoned your office to get more information as to why. Apparently the UBR report was sent out in late April early May of this year. At that time this company had engaged a Management Company to handle it's affairs however, they did not do a good job and were released in early June.

We did not receive the UBR report here and did not know it had not been filed. As mentioned before I spoke to your office and explained our situation. I was directed to write a letter stating that we did not receive the UBR and send a \$150.00 fee for the fine to reinstate. Please find a check for that amount enclosed.

If you need any further information, please call me at (863) 699-9300.

Respectfully,

Debbie Garcia  
Office Manager  
Quality Pump Systems, Inc.  
Enclosure (1)

*Label*

DAG