2007 FOR PROFIT CORPORATION REINSTATEMENT

Oct 16, 2007 8:00 A.M. Secretary of State **DOCUMENT # H48088** RIVERVIEW PUMP, WELL & SEPTIC TANK COMPANY, INC. Principal Place of Business Mailing Address % JAMES R. WHITE % JAMES R. WHITE 2356 SOUTEL DR. 2356 SOUTEL DR. JACKSONVILLE, FL 32208 JACKSONVILLE, FL 32208 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10052007 CR2E098 (1/07) City & State City & State 4. FEI Number Applied For 59-1001742 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, JAMES R. Street Address (P.O. Box Number is Not Acceptable) 2365 SOUTEL DR. JACKSONVILLE, FL 32208 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable, FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Secretary Lisa J. White . 2356 Soutel Drive ☐ Defete TITLE ☐ Change Addition TITLE WHITE, JAMES R SR. NAME STREET ADDRESS 2356 SOUTEL DRIVE STREET ADDRESS Jacksonville, FL 32208 CITY-ST-ZIP JACKSONVILLE, FL 32208 CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition WHITE, JAMES R JR NAME NAME STREET ADDRESS STREET ADDRESS 2356 SOUTEL DRIVE CITY-ST-ZIP CITY-ST-ZiP JACKSONVILLE, FL 32208 TD ☐ Delete TITLE ☐ Change ☐ Addition TITLE 3 WHITE, JOSEPH L NAME . NAME STREET ADDRESS STREET ADDRESS 2356 SOUTEL DRIVE CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE, FL 32208 TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TILLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

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