



2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 19 AM 10:55

DOCUMENT # L05000002001 1. Entity Name JOHN CORNETT'S PUMP SERVICE & WELL DRILLING LLC					
Principal Place of Business 7663 SE 123 LANE BELLEVUE, FL 34420			Mailing Address 7663 SE 123 LANE BELLEVUE, FL 34420		
2. Principal Place of Business 7663 S.E 123 Lane Suite, Apt. #, etc.		3. Mailing Address 7663 SE 123 Lane Suite, Apt. #, etc.			
City & State Bellevue Fla Zip 34420		City & State Bellevue FL Zip 34420		4. FEI Number 20-1881872	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORNETT, ELIZABETH M 7663 SE 123 LANE BELLEVUE, FL 34420				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 John E. Cornett "owner" <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 11-27-06	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORNETT, JOHN 7663 SE 123 LANE BELLEVUE, FL 34420	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE John E. Cornett <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 11-27-06 Daytime Phone # 352-454-0836	