

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000002001



1. Entity Name  
JOHN CORNETT'S PUMP SERVICE & WELL DRILLING-  
LLC

Principal Place of Business  
7663 SE 123 LANE  
BELLEVIEW, FL 34420

Mailing Address  
7663 SE 123 LANE  
BELLEVIEW, FL 34420

FILED

2008 NOV 13 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11112008 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number

20-1881872

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORNETT, ELIZABETH M  
7663 SE 123 LANE  
BELLEVIEW, FL 34420

Name

JOHN CORNETT

Street Address (P.O. Box Number is Not Acceptable)

7663 SE 123 LANE

City

BELLEVIEW

FL

Zip Code

34420

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 Cornett*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-11-08

FILE NOW!!! FEE IS \$138.75  
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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  
BELLEVIEW, FL 34420 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800137883208  
11/13/08--01008--001 \*\*138.75 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 Cornett*

JOHN CORNETT, MANAGING MEMBER 11/11/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT

08 AL