PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

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

·01 AUG 20 PM 12: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000 001723

1. Corporation Name

Diversified Pumps & Controls

000004562730---4
-08/29/01--01094--021
****900.00 ****900.00

2. Principal Office Address 10720 N.W. 10th St	**3.** Mailing Office Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Pembroke Pines FL	City & State
Zip 33026	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida DEC. 1999

5. FEI Number [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name WESTON JONES

Street Address (P.O. Box Number is Not Acceptable) 10720 N.W. 10th St

Suite, Apt. #, Etc.

City Pembroke Pines State FL Zip Code 33026

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN Date 8/20/01

CR2E081 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Weston Jones	10720 N.W. 10th St	Pembroke Pines FL 33026

10. 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: _____ 8/20/01 954-442-3796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #