

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT #

P00000048860

1. Corporation Name

American Drilling and Pump Co. Inc  
DBA-American Well and Pump

2. Principal Office Address

4435 Independence Ct.

Suite, Apt. #, etc.

City & State

Sarasota, FL. 34234

Zip

34234

Country

usa

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date incorporated or Qualified  
To Do Business in Florida

2000

5. FEI Number

65-11044182

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

Theodore Comes

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

4435 Independence Ct

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34234

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\*\*\*750.00 \*\*\*750.00

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

*T. Comes*

REGISTERED AGENT MUST SIGN

Date

11/26/01

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
P	Theodore Comes	27101 SR 70 E Myakka City	Fl. 34251
VP	Patrick Novak	4898 Wilde Pointe Drive	Sarasota, FL. 34233

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:

*T. Comes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THEODORE N. COMES

Date

11-26-01

Daytime Phone #

941-355-0810