PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 UB02

CORPORATION REINSTATEMENT

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

Please waive the fees For reinstatement. No notices were received and this was found by my CPA on your internet site. Attached is a check For # 150.00 which covers the 2002.
Very Truly yours,
Larry R. Brake

FILED
02 OCT 24 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000028356

1. Corporation Name
Coastal Well, Pump and Controls, Inc.

2. Principal Office Address	3. Mailing Office Address
4042 N. Lazy Hollow Ln	109 Knight Boxx Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Orange Park, FL
Zip: 32257 Country:	Zip: 32065 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 3-15-2001

5. FEI Number: 59-3706668 ☐ 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: Larry R Brake

600008578665
10/24/02--01103--005 **150.00

Street Address (P.O. Box Number is Not Acceptable): 4042 N. Lazy Hollow Lane

Suite, Apt. #, Etc.:

City: Jacksonville | State: FL | Zip Code: 32257

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TALLAHASSEE, FLORIDA

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: Larry R. Brake — REGISTERED AGENT MUST SIGN — Date: 7-26-02

CR2E081 (9/01)

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
d	Larry R Brake	4042 N. Lazy Hollow Ln.	Jacksonville, FL 32257
d	Richard W Hazelton	238 Arthur Moore Dr.	Green Cove Springs, FL 32043

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TALLAHASSEE, FLORIDA

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: Larry R. Brake — 10-19-02 — 904-276-2638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #