CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 16 AM 11:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01-55821

1. Corporation Name
All Pumps & Sprinklers, Inc.

REINSTATEMENT 03-04

300030807333
03/19/04--01043--025 **350.00

2. Principal Office Address	3. Mailing Office Address
228 SW 21ST Terr	2221 SW 28th Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ft. Lauderdale FL	Ft. Lauderdale
Zip 33312 / Country USA	Zip FL / Country 33312

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

5. FEI Number: 65-1111927 ☐ 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: Spiegel & Utrera, PA

Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Ave

Suite, Apt. #, Etc.:

City: Coral Gables | State: FL | Zip Code: 33134

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: [signature] 2/23/04 — REGISTERED AGENT MUST SIGN — Date

CR2E081 (01/04)

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	George Crisciotte	228 SW 21ST Terr	Ft. Lauderdale FL 33312

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: [signature] 2/23/04

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