

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -9 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000080058

1. Corporation Name

ORLANDO PUMPING SYSTEMS, INC.

2. Principal Office Address

4920 FIJI CIRCLE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32808

Country

US

3. Mailing Office Address

P. O. BOX 607008

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32860-7008

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/15/01

5. FEI Number
59-3738431

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

MARK A. KUEHLER

Street Address (P.O. Box Number is Not Acceptable)
4060 EDGEWATER DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code
32804

900030131429
03/09/04--01067--015 **30.00

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

Mark A. Kuehler

Date 1/5/04

REGISTERED AGENT MUST SIGN

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.	MARIO MARIANI	4920 FIJI CIRCLE	ORLANDO, FL 32808

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:

Mario Mariani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-2-04-788-0142
Date

Daytime Phone #

CR2081 (01/04)