

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 28 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000115109

1. Corporation Name

Atlantic Pump & Well, Inc.

2. Principal Office Address

3370 Hickory Tree Rd.
Suite, Apt. #, etc.

3. Mailing Office Address

3370 Hickory Tree Rd.
Suite, Apt. #, etc.

City & State

St. Cloud, FL

City & State

St. Cloud, FL

Zip

34772

Country

USA

Zip

34772

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-3-01

5. FEI Number

01-0642838

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

Lydia Britton

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

3370 Hickory Tree Rd.

Suite, Apt. #, Etc.

City

St. Cloud

State

FL

Zip Code

34772

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

Lydia Britton
REGISTERED AGENT MUST SIGN

Date

5-21-04

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
OWNER	Timothy L. Britton	3370 Hickory Tree Rd.	St. Cloud, FL 34772
CEO	Lydia Britton	3370 Hickory Tree Rd.	St. Cloud, FL 34772

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:

Lydia Britton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-21-04

Daytime Phone #

CR2E081 (01/04)

ATLANTIC PUMP & WELL, INC.
3370 Hickory Tree Rd.
St. Cloud, Fl. 34772
407-957-9600

May 21, 2004

FLORIDA DEPT. OF STATE
Division of Corporation
P.O. Box 6327
Tallahassee, Fl. 32314

To Whom It May Concern:

Please be advised that Atlantic Pump & Well, Inc. Never received an annual report form. Enclosed, please find a check in the amount of \$158.75 which is inclusive of both the application fee & cost of copy of certificate of status.

Thank you.



Timothy L. Britton
Owner

ATLANTIC PUMP & WELL, INC.

CC: office