

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000065094

**FILED**  
**Oct 03, 2011**  
**Secretary of State**

**Entity Name:** PORTABLE PUMPING SYSTEMS INCORPORATED

**Current Principal Place of Business:**

495 E DOUGLAS ROAD  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1246  
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number:** 04-3687831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WENDEL, WENDY A  
12989 98TH AVE NORTH  
SEMINOLE, FL 33776 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WENDY WENDEL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WENDEL, DONALD J  
Address: 12989 98TH AVE NORTH  
City-St-Zip: SEMINOLE, FL 33776

Title: T  
Name: WENDEL, WENDY A  
Address: 12989 98TH AVE. NORTH  
City-St-Zip: SEMINOLE, FL 33776

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WENDY WENDEL

VP

10/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date