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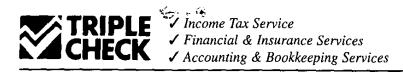
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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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	RPORATIO ISTATEME				DEPARTMENT OF Secretary of State	STATE	[ ]		BDEC -5   CRETARY O LAHASSEE		
1. Corpora	ation Name		02000134		NC.					·······································	<i>;</i>
i				<del></del>			<b>4 (</b> 12/05	<b>)()</b> /03	02525	559E	:4 :150.00
	al Office Address 4 TURTLE		KE LANE	3. Mailing Office Address 12784 TURTLE LAKE LANE			DEINS	T A	TEME	NT	b
Suite, Apt. #, etc.				Suite, Apt. #, etc.			g alesses Co	*5	0.15.1	————	
City & State  JACKSONVILLE, FL				City & State JACKSONVILLE, FL			To Do Business in Florida		A	pplied For	
zip 32246	Country DUVAL		Zip 32246	246 Country DUVAL		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional For a Certificate of			al Fee required		
Signature of	Street Address (P.O. Box Number is Not Acceptable)  12784 TURTLE LAKE LANE  Suite, Apt. #, Etc.  City JACKSONVILLE  State FL 32246  I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503, F.S.  Installar of gistered Agent Manne A Date Malons  Date Malons  Date Malons										
		20000		GISTERED AC	SENT MUST SIGN  orida nonprofit corporations ma	set list at les	ast 3 directors)				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip				
DP.	WAYNE L. JANNETTE			,	12784 TURTLE LA	JACKSONVILLE, FL 32246					
TSVP	JANICE R.	JAN	NETTE		12784 TURTLE LA	KE LAN	E JA	CK	SONVILLE, F	FL 32246	
		·— <del>_</del>								<u> </u>	
this rein	nstatement applic by the corporation	ation, t have t	the reason for disso been paid and the r	lution has beer ames of individ	mpowered to execute this appl eliminated, the corporate nan uals listed on this form do not we the same legal effect as if r	ne satisfies quality for a	the requirements of se in exemption under se	ction	607.0401 or 617.0-	401, F.S., tha	t all fees

NG OFFICER OR DIRECTOR L. JAMES Phone # Dayline Phone #

B



320 Osceola Avenue Jacksonville Beach, FL 32250 Phone 904/241-2533 Fax: 904/241-1604 www.triplechecktax.com

December 2, 2003

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

Re: Application for Reinstatement Document P02000134673 – Well Done Wells and Pumps, Inc.

Dear Sir/Madam,

Please see the enclosed Application for Reinstatement for our client listed above. We are requesting that you accept his application and payment of \$150.00, for the year 2003.

Mr. Jannette, President of the above Corporation, did not receive his report for the referenced corporation. He has had no address changes and should have received all reports timely. While doing a mid year review, it was discovered that he did not receive the report. We promptly prepared the necessary paperwork to submit to your office. Mr. Jannette has always been very conscientious about forwarding all government paperwork to us and paying all yearly fees timely.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

Beverlee A. Flowers, E.A.

Enclosure: Application For Reinstatement

Check #1069