

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -5 PM 5:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000134673

1. Corporation Name

WELL DONE WELLS AND PUMPS, INC.

400025255964
12/05/03--01040--013 **150.00

2. Principal Office Address

12784 TURTLE LAKE LANE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32246

Country

DUVAL

3. Mailing Office Address

12784 TURTLE LAKE LANE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32246

Country

DUVAL

REINSTATEMENT

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

12/23/02

5. FEI Number

14-1866587

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

JANNETTE, WAYNE L.

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

12784 TURTLE LAKE LANE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code
32246

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

Wayne L. Jannette
REGISTERED AGENT MUST SIGN

Date

12/2/03

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
DP	WAYNE L. JANNETTE	12784 TURTLE LAKE LANE	JACKSONVILLE, FL 32246
TSVP	JANICE R. JANNETTE	12784 TURTLE LAKE LANE	JACKSONVILLE, FL 32246

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:

Wayne L. Jannette Wayne L. Jannette 12/6/03 904-221-6120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



- ✓ Income Tax Service
- ✓ Financial & Insurance Services
- ✓ Accounting & Bookkeeping Services

2052
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