

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000033618

**FILED**  
**Nov 09, 2006**  
**Secretary of State**

**Entity Name:** THREE COUNTY MAINTENANCE & PUMP SERVICE INC

**Current Principal Place of Business:**

PO BOX 3581  
HOLLYWOOD, FL 33083 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3581  
HOLLYWOOD, FL 33083 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

COMEAU, MADELEINE  
3130 SW 19TH ST #244  
HALLANDALE, FL 33009 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: MADELEINE COMEAU

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COMEAU, MADELEINE  
Address: PO BOX 3581  
City-St-Zip: HOLLYWOOD, FL 33083 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MADELEINE COMEAU

P

11/09/2006

Electronic Signature of Signing Officer or Director

Date