2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000132685

City-St-Zip:

BRADENTON, FL 34205

FILED Oct 27, 2004 Secretary of State

| Entity Nai | me: PUMP-17 | , INC. | | | |
|---|---|--------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
| PO BOX 1 BRADENT | 4415 ON, FL 3428 | 0 | | | |
| Current M | lailing Addre | ss: | New Mailing Address | New Mailing Address: | |
| PO BOX 1 BRADENT | 4415 ON, FL 3428 | 0 | | | |
| FEI Number | : 20-0398405 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and | Address of | Current Registered Agent | Name and Address of | Name and Address of New Registered Agent: | |
| BRADENT | HAVENUE WI ON, FL 3420 | 5 US | | | |
| | enamed entity e of Florida. | submits this statement for the | ne purpose of changing its registered | l office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electro | nic Signature of Registered | Agent | Date | |
| Election Car | mpaign Financir | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P (GOODRICH, C PO BOX 1441 BRADENTON, | 5 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | GOODRICH, V | REET CIRCLE NW | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | ST (EADS, CLAUD 1117 26TH AV | | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: CLAUDIA EADS ST 10/27/2004