


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P040000092697			
1. Corporation Name City Wide Pumping Inc.			
2. Principal Office Address 1970 NW 192 Terr Suite, Apt. #, etc.		3. Mailing Office Address 1970 NW 192 Terr Suite, Apt. #, etc.	
City & State Opalocka Florida		City & State Opalocka Fl	
Zip 33056	Country Dade	Zip 33056	Country Dade
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 23-0119458	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	

FILED

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SEC. OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 0506

03/02/05 90068 027 \$150.00

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 23-0119458	Applied For Not Applicable
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\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Jim Bouie	
Street Address (P.O. Box Number is Not Acceptable) 1970 NW 192 Terr	
Suite, Apt. #, Etc.	
City Opalocka	State FL
Zip Code 33056	

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**

Jim Bouie
REGISTERED AGENT MUST SIGN

Date 9/20/06

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
P	Jim Bouie	1970 NW 192 Terr	Opalocka, Fl. 33056
V	Esther Bouie	" " " "	" " " "

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/06 786-587-0211

Date

Daytime Phone #

FEI + OFFICERS AS PER ESTHER BOUIE

2082

CityWide Pumping Inc.
1970 NW 192nd terr
Opalocka Fl, 33056

Department of State
Division of Corporations

To Whom It May Concern,

This is to notify your office regarding the renewal of CityWide Pumping Inc Corporation renewal status. We were unaware of your office request for the company's FEI number when we send the check in for renewal last year until I spoke to one of your customer service representative who informed me of this matter. We apologized for any inconvenience; unfortunately the company was going through a change in management and location. Here is the check for this year along with the FEI number and renewal application for CityWide Pumping Inc. We appreciate your prompt service towards this matter. For further information you may notify me Jim Bouie "CEO" at the above address or by phone at 954-839-0285.

Yours Truly
CityWide Pumping Inc.

A handwritten signature in black ink, appearing to read "Jim Bouie", is written over the typed name "CityWide Pumping Inc." The signature is fluid and cursive, with a large loop at the end.