


2006 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | |
|--|---|---|--|---|-----------------|
| DOCUMENT # P04000106733 | | | |  | |
| 1. Entity Name ROBERT SPICHER PUMP SERVICE, INC <i>Robert</i> | | | | | |
| Principal Place of Business 8851 RICHMOND STREET GIBSONTON, FL 33534 | | | Mailing Address 8851 RICHMOND STREET GIBSONTON, FL 33534 | | |
| 2. Principal Place of Business | | 3. Mailing Address <i>P.O. Box 353</i> | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State <i>Riverview, FL</i> | | 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip | Country | Zip <i>33568</i> | Country <i>USA</i> | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| DURAN, RAUL 2908 WEST JEAN STREET TAMPA, FL 33614 | | | Name <i>Duran, Raul</i> | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) <i>11820 Sophia Drive #2312</i> | | |
| | | | City <i>Temple Terrace</i> FL Zip Code <i>33637</i> | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$300.00 | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SPICHER, ROBERT 8851 RICHMOND STREET GIBSONTON, FL 33534 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>P.O. Box 353 Riverview, FL 33568</i> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>70007947594 09/05/06--01005--001 **300.00</i> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>X Raul Spicher</i> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |

FILED
2006 SEP -5 PM 4: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08082006 REIN-P CR2E098 (11/05)

B 9/5/04

STATEMENT OF...