

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 13 AM 7:53

DOCUMENT # P06000097431

1. Corporation Name

Pro Pump Service, Inc.

2. Principal Office Address - No P.O. Box #

26926 Green Willow Run

Suite, Apt. #, etc

City & State

Wesley Chapel, FL

Zip

33544

Country

US

3. Mailing Office Address

26926 Green Willow Run

Suite, Apt. #, etc

City & State

Wesley Chapel, FL

Zip

33544

Country

US

700142837937

03/12/09--01046--009 **150.00

REINSTATEMENT

07-09

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/2006

5. FEI Number

20-5264627

☐ 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

Stephen M Sands

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

26926 Green Willow Run

Suite, Apt. #, Etc.

City

Wesley Chapel

State

FL

Zip Code

33544

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

1450.00
1300.00 for 2007 + 2008 + 2009

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

Stephen M Sands

REGISTERED AGENT MUST SIGN

Date *1-30-09*

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	Stephen M Sands	26926 Green Willow Run	Wesley Chapel, FL 33544

700142837937
02/04/09--01042--006 **300.00

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: *Stephen M Sands*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Sands

1-30-09

Date

813-777-5675

Daytime Phone #