

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 23 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000036411

1. Corporation Name
PumpSmart, Inc.

REINSTATEMENT

000009634540
12/23/02--01042--015 #1058.75

20-02

2. Principal Office Address P.O. Box 2337 Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 2337 Suite, Apt. #, etc.	
City & State New Smyrna Beach, FL		City & State New Smyrna Beach, FL	
Zip 32170	Country USA	Zip 32170	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 4/22/96	
5. FEI Number 59-3376414	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Barry Hughes, Esquire		
Street Address (P.O. Box Number is Not Acceptable) 2001 South Ridgewood Avenue		
Suite, Apt. #, Etc.		
City South Daytona	State FL	Zip Code 32119

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 [Signature] Date 12/18/02
REGISTERED AGENT MUST SIGN

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
PSTD	Carole Jarvis Schofield	7050 Turtlemound Road	New Smyrna Beach, FL 32169

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 under section 119.07(3)(i), 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: Carole Jarvis Schofield Carole Jarvis Schofield 12-16-02 386-423-7609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E08T (9/01)

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