

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 2:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000036411**

1. Corporation Name

PUMPSMART, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 2337
 NEW SMYRNA BEACH FL 32170

POST OFFICE BOX 2337
 NEW SMYRNA BEACH FL 32170

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/22/1996

5. FEI Number

59-3376414

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	SCHOFIELD, CAROLE J	7050 TURTLEMOUND ROAD	NEW SMYRNA BEACH FL 32169

200023920802
 10/17/03--01093--008 **750.00

200023920802
 10/17/03--01093--009 **8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUGHES, BARRY ESQ.
 2001 S. RIDGEWOOD AVENUE
 SOUTH DAYTONA FL 32119

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]
 REGISTERED AGENT MUST SIGN

Date

10/15/03

11. 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:

[Handwritten Signature] Carole J. Schofield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-03

Date

386-423-7609

Daytime Phone #

CR2E040 (7/03)