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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 30 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000045579

1. Corporation Name
EAST COAST WELLS & Pump Service INC

2. Principal Office Address	3. Mailing Office Address
1571 Northwood Dr	P.O. Box 860179
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, FL	City & State: St. Augustine FL
Zip: 32084 County: USA	Zip: 32086 County: USA

4. Date Incorporated or Qualified To Do Business In Florida: 5/01/1997

5. FEI Number: 59-3457276 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: KARL D. SWINDULL

Street Address (P.O. Box Number is NOT Acceptable): 1571 Northwood DRIVE

Suite, Apt. #, Rm.

City: St. Augustine State: FL Zip Code: 32084

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

Signature of Registered Agent: _____ Date: 12/30/2004
REGISTERED AGENT MUST SIGN

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

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
D/Pres	SWINDULL, KARL D.	1571 NORTHWOOD DR	St. Augustine, FL 32084
D/VP	SWINDULL, Polly N.	1571 Northwood Dr.	St. Augustine FL 32084

10. I certify that I am an officer or director of the corporation or have approval to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when 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 taxes 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.

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SIGNATURE: Polly N Swindull Polly N. SWINDULL V. PRES. 12/30/04

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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From:
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Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

01334.33390

CORPORATION REINSTATEMENT

EAST COAST WELLS & PUMP SERVICES, INC.

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