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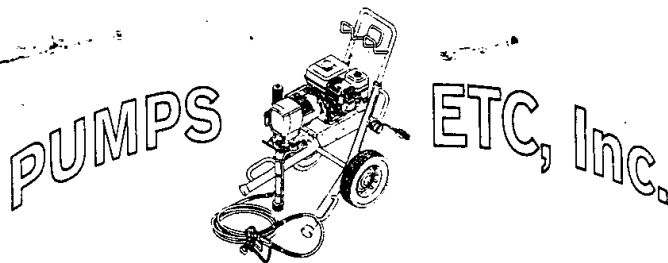
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>998000033148</u>					
1. Corporation Name <u>Pumps Etc. Inc.</u>					
2. Principal Office Address <u>4065-A L.B. McLeod Road</u>			3. Mailing Office Address		
Suite, Apt. #, etc. <u>A</u>			Suite, Apt. #, etc.		
City & State <u>Orlando, Florida</u>			City & State		
Zip <u>32811</u>	Country <u>Orange</u>	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida	
				5. FEI Number <u>59-3504629</u>	
				Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$8.75 Additional Fee required for Certificate of Status</small>	
7. Name and Address of Current Registered Agent					
Name <u>Laura D Davidson</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>4081 L.B. McLeod Road</u>					
Suite, Apt. #, Etc. <u>F</u>					
City <u>Orlando, Florida</u>					
State <u>FL</u>					
Zip Code <u>32811</u>					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0603 or 617.0603, F.S.					
Signature of Registered Agent <u>Laura Davidson</u>					
Date <u>11/14/01</u>					
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 Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	Laura D Davidson	6041 Sand Pines Est			
VP	Peter Davidson	6041 Sand Pines Est			
S	Laura D Davidson	6041 Sand Pines Est			
T	Peter Davidson	6041 Sand Pines Est			
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)(f), 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: <u>Laura D Davidson</u> President CEO 11/14/01 <u>407-426-8337</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

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November 12, 2001

The Secretary of State
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Pumps, Etc. Inc.

ATTN: To Whom It May Concern:

Sirs/Madam,

It has come to my attention through my attorney that my corporation has been administratively dissolved by the Secretary of State for failure to file the 2001 Uniform Business Report prior to May 1, 2001.

I never received the 2001 Uniform Business Report, and I was never notified until the letter came from my attorney.

I am sending you the \$150.00, and I am requesting that the \$600.00 reinstatement fee be dissolved.

Your immediate attention in this matter is a must. If you have any questions, please feel free to contact me at the number below Monday to Friday. Thank you.

Sincerely,

PUMPS, ETC., INC.

Laura D Davidson
President

cc: Winderweede, Haines, Ward and Woodman, P.A. Deborah Fricke