

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000033148

1. Corporation Name

~~PUMP ETC, INC.~~
PUMPS ETC, INC.

W08-31798

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

1430 W ANDERSON ST.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32805

Country

USA

3. Mailing Office Address

1430 W ANDERSON ST.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32805

Country

USA

REINSTATEMENT 02-08

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/1998

5. FEI Number

59-3504629

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

PROFESSIONAL ACCOUNTANTS & CONSULTANTS, INC.

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

2471 E SEMORAN BLVD

Suite, Apt. #, Etc.

City

APOPKA

State

FL

Zip Code

32703

☒ 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.

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

Date 04/23/2008

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
P, S	LAURA D DAVIDSON	1430 W ANDERSON ST	ORLANDO, FL 32805
VP, T	PETER J DAVIDSON	1430 W ANDERSON ST	ORLANDO, FL 32805

600132086936
07/02/08--01031--012 **\$900.00

12-j4-01 01004 004 \$150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/2008 407-352-7796

Date

Daytime Phone #

2082

PUMP ETC, INC.
1430 W ANDERSON ST., ORLANDO, FLORIDA 32805

April 23, 2008

Florida Department
Division of Corporations
Annual Report Section
P O Box 6850
Tallahassee, Florida 32314

RE: Pumps, Etc, Inc.
FEI: 59-3504629
Annual Report for: 2002 – 2008

To Whom It May Concern:

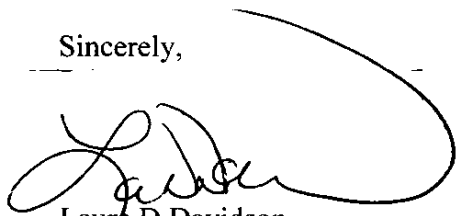
It has come to our attention through our Accountant that our corporation has been administratively dissolved by the Secretary of State for failure on filing the 2002 to 2008 Uniform Business Report.

We have never received the 2002 to 2008 Uniform Business Report nor notified until my Accountant informed us about this situation.

Attached to this letter, we are sending to you a check in the amount of \$900.00 (2002 – 2007) and requesting that any reinstatement fee due be waived.

We will really appreciate your immediate attention to this matter. If you have any questions, please feel free to contact us at the number below from Monday to Friday.

Sincerely,



Laura D Davidson
President

TEL: 407-947-3644 FAX: 407-352-7796