PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 18 AM 8:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000076300

REINSTATEMENT 03-04

100029020951
02/18/04 01024 017 **350.00

1. Corporation Name
THOMPSON WELL & PUMP, INC

2. Principal Office Address	**3.** Mailing Office Address
335 N BOUNDARY AVE	PO BOX 371
Suite, Apt. #, etc.: UNIT B	Suite, Apt. #, etc.:
City & State: DELAND FL	City & State: DELAND FL
Zip: 32720 Country: USA	Zip: 32721-0371 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59 3611448 ☐ 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: JERRY THOMPSON

Street Address (P.O. Box Number is Not Acceptable): 335 N BOUNDRY AVE

Suite, Apt. #, Etc.: UNIT B

City: DELAND State: FL Zip Code: 32720

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 2/11/2004

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	JERRY THOMPSON	1995 LARCHMONT DR	DELAND FL 32724
VP	BETH THOMPSON	1995 LARCHMONT DR	DELAND FL 32724

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: _____ 2-11-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

IN HOME TAX SERVICE, INC
206 S SPRING GARDEN AVE
DELAND FL 32720
386 736 8752
Fax 386 738 5943
http://www.inhometaxservice.com
email: Winston@inhometaxservice.com

February 11, 2004

FLORIDA DEPARTMENT OF STATE
409 EAST GAINES ST
TALLAHASSEE FL 32399

RE: THOMPSON WELL & PUMP INC.

Dear Sir or Madam:

Enclosed please find the application for reinstatement of this corporation, along with a check for $300.00 representing the fees for 2003 & 2004.

This corporation never received the UBR form for 2003 as the address had changed.

We respectfully request that you abate the penalties and reinstate the corporation.

SINCERELY,

Winston Weilheimer

WINSTON WEILHEIMER
PRESIDENT
IN HOME TAX SERVICE, INC.