

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

DOCUMENT # **S75272**

00 MAR 30 AM 10:01

1. Corporation Name

**CUSTOM IRRIGATION REPAIR, INC.**

700003203117--4  
 -04/11/00--01052--010  
 \*\*\*\*900.00 \*\*\*\*900.00

Principal Place of Business

Mailing Address

P.O. BOX 2402  
 WINTER PARK FL 32790

P.O. BOX 2402  
 WINTER PARK FL 32790



**REINSTATEMENT 99-0**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/20/1991	
City & State		City & State		5. FEI Number	
				59-3081868	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				<input checked="" type="checkbox"/> \$9.75 - 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
D	EMERSON, ERIC	6340 RIDGEBERRY DR	ORLANDO FL
D	EMERSON, ALTON F. SR.	6340 RIDGEBERRY DR	ORLANDO FL
D	PRICE, JERRY <i>Delete</i>	<del>4828 S. CONWAY RD., APT 121</del>	<del>ORLANDO FL</del>
S	EDWARDS, MICHELLE L <i>Delete</i>	<del>1513 STANBURY DR</del>	<del>ORLANDO FL 32818</del>
S	Serena Bryan	511 Granada Dr.	Winter Park FL 32789
D	Phillip Snyder	12123 Mepon ct	Orlando FL 32837

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EMERSON, ERIC  
 6340 RIDGEBERRY DR  
 ORLANDO FL 32819

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State / Zip Code
	FL

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.

Signature of Registered Agent: **SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date: Feb 14, 00

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: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Feb 14, 00 Daytime Phone #: 407 697 0658

CR2E340 (8/99)