2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 619816

FILED Jan 09, 2008 Secretary of State

Entity Name: TRI-COUNTY IRRIGATION, INC.

Current Principal Place of Business:			New Principal Place of Business:	
10022 HW LIVE OAK,	Y 129 S , FL 32060			
Current Mailing Address:			New Mailing Address:	
PO BOX 9: LIVE OAK,	98 , FL 32064	US		
FEI Number:	: 59-1901225	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
SOUTH HI LIVE OAK, The above	s, JAMES D., J IGHWAY 129 , FL 32060 • named entity e of Florida.	US	purpose of changing its registere	d office or registered agent, or both,
SIGNATUF	RE: JAMES \			
	Electro	nic Signature of Registered Ag		_
		me dignatare of registered rig	ent	Date
		93(2)(b), F.S., the corporation did n		Date
Election Car		93(2)(b), F.S., the corporation did no ng Trust Fund Contribution ().	ot receive the prior notice.	Date ES TO OFFICERS AND DIRECTORS
Election Car	mpaign Financir S AND DIREC	93(2)(b), F.S., the corporation did nong Trust Fund Contribution (). CTORS:) Delete LIAMS III,	ot receive the prior notice.	
Election Car OFFICERS Title: Name: Address: Dity-St-Zip: Title: Name: Address:	mpaign Financir S AND DIREC V (JAMES D WIL 10592 122ND LIVE OAK, FL	93(2)(b), F.S., the corporation did nong Trust Fund Contribution (). CTORS:) Delete LIAMS III, ST.) Delete AMS,	ot receive the prior notice. ADDITIONS/CHANG Title: Name: Address:	ES TO OFFICERS AND DIRECTOR
Election Car OFFICERS Title: Name: Address:	mpaign Financir S AND DIREC V (JAMES D WIL 10592 122ND LIVE OAK, FL V (ERIC C WILLI, 10592 122ND LIVE OAK, FL	93(2)(b), F.S., the corporation did not grust Fund Contribution (). CTORS:) Delete LIAMS III, ST.) Delete AMS, ST.) Delete MES D JR. ST.	ot receive the prior notice. ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	ES TO OFFICERS AND DIRECTOR: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES WILLIAMS JR P 01/09/2008