PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2022 JAN -2 PM 12:12

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100382921071

CR2E081 (11/10)

DOCUMENT # 853402

1. Corporation Name

Nelson Irrigation Corporation

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
848 Airport Rd.	848 Airport Rd.
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Walla Walla, WA	City & State: Walla Walla, WA
Zip: 99362 Country: USA	Zip: 99362 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 04/09/1982

5. FEI Number: 37-0963413 ☐ 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: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc:

City: Plantation State: FL Zip Code: 33324

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: Kaity Toon by Kaity Toon, Asst. Sect. Date: 1/5/2022

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
C/D	Barton R. Nelson	848 Airport Rd.	Walla Walla, WA 99362
S/T/D	Karen v.W. Nelson	848 Airport Rd.	Walla Walla, WA 99362
P/D	Craig B. Nelson	848 Airport Rd.	Walla Walla, WA 99362
V/D	Reid A. Nelson	848 Airport Rd.	Walla Walla, WA 99362
V/D	Kendra N. Wenzel	848 Airport Rd.	Walla Walla, WA 99362
D	Steven H. Corey	222 SE Dorion Ave.	Pendleton, OR 97801

10. E-mail Address: Jerry.Humphreys@NelsonIrrigation.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: C B N Craig B. Nelson, President 1/5/2022 509-525-7660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 03/01/2022

Acc#I20160000072

Name:	Nelson Irrigation Corporation
Document #:	
Order #:	14061238

Certified Copy of Arts & Amend:	☐	1-2 Filing | In the order you see fit		
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			Number of Certs:	

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TALLAHASSEE, FLORIDA

Thank you!