

**CORPORATION
REINSTATEMENT**



20004BR
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 12 PM 12: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

FL3582

1. Corporation Name

ORANGE BELT IRRIGATION SUPPLY, INC.

2. Principal Office Address

1423 Eastern Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

1423 Eastern Avenue

Suite, Apt. #, etc.

City & State

St. Cloud Fl 34769

City & State

St. Cloud, Fl. 34769

Zip

34769

Country

US

Zip

34769

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2123404

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

Jeffery L Ray

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

1423 Eastern Avenue

Suite, Apt. #, Etc.

City

St. Cloud, Florida

34769

State

FL

Zip Code

34769

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

REGISTERED AGENT MUST SIGN

Date 10-31-00

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 |
|--------|--------------------------------------|---|--------------------------|
| PTD | Ray, Jeffery L | 1423 Eastern Ave | St. cloud, florida 34769 |
| PTD | Ray, Jennifer A | 1423 Eastern Avenue | St. Cloud fl, 34769 |
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SP

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:

Jeffery L Ray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

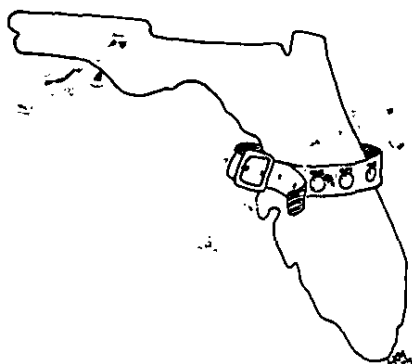
Date

10/30/00 407-892-6931

Daytime Phone #

CR2E081 (9/99)

pg 292



ORANGE BELT IRRIGATION SUPPLY, INC.

1423 EASTERN AVENUE • ST. CLOUD, FLORIDA 34769
407/ 892-6931 Phone • 407/ 892-1168 Fax

October 10, 2000
Florida Dept. of Corporations
P.O. Box 6327
Tallahassee, Florida
32314

To Whom it May Concern:

We have not received our Corporation renewal forms for 2000.
Please check your computer for the correct address. I was
just asked by my accountant for a copy of the report and this
is when I realized it had not come in.

Please advise me on this as soon as possible.

Thank you,

A handwritten signature in cursive script, appearing to read "Jennifer Ray".

Jennifer Ray

F43582