


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION FOR		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F43582**

1. Corporation Name

ORANGE BELT IRRIGATION SUPPLY, INC.

Principal Place of Business

1423 EASTERN AVENUE
ST CLOUD FL 34769
US

Mailing Address

1423 EASTERN AVENUE
ST CLOUD FL 34769
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/1981

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. 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
PTD	RAY, JEFFERY L	1423 EASTERN AVENUE	ST CLOUD FL 34769
PTD	RAY, JENNIFER A	1423 EASTERN AVENUE	ST CLOUD FL 34769

200004668982--2
11/06/01 01055-008
****150.00 ****150.00

01 UBR 78

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAY, JEFFREY L
1423 EASTERN AVENUE
ST CLOUD FL 34769

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 of Registered Agent
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/16/01

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:

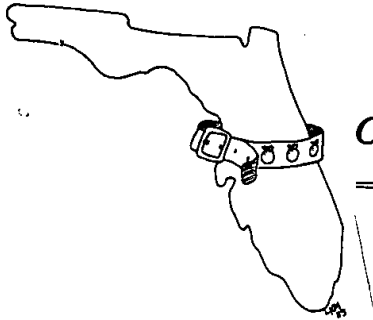
Signature of Signing Officer or Director
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/01 407-892-6937

Daytime Phone #

CRPD040 (8/01)



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ORANGE BELT IRRIGATION SUPPLY, INC.

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

October 16, 2001

Florida Dept. of State
Division of Corporations
Annual Report/Restatement fee.
P.O. Box 6327
Tallahassee, Fla. 32314-6327

To whom it may concern,

Please be advised that this is the
only report I have received
this year for Orange Belt Irrigation's
Corporate Filing. I am enclosing
a check for \$150. for filing fee.
The State did not send any
other forms.

Thank you,

Jennifer Ray