2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000022534

Name:

Address:

City-St-Zip:

432 NE 16TH PLACE

CAPE CORAL, FL 33993

Entity Name: C. KEMP IRRIGATION, LLC

FILED Oct 07, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1913 NW 9TH TERRACE CAPE CORAL, FL 33993 US **Current Mailing Address: New Mailing Address:** 1913 NW 9TH TERRACE CAPE CORAL, FL 33993 US FEI Number: 20-0900907 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRAHAM, RONALD L 1314 CAPE CORAL PARKWAY SUITE 207 CAPE CORAL, FL 339049643 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: GRAHAM RONALD L Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete KEMP, CHERYL L Name: Name: 1913 NW 9TH TERRACE Address: Address: City-St-Zip: CAPE CORAL, FL 33993 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: KEMP, CHARLES J Name: Address: 1913 NW 9TH TERRACE Address: City-St-Zip: CAPE CORAL, FL 33993 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition JORAY, MICHAEL Name: Name: Address: 1913 NW 9TH TERRACE Address: City-St-Zip: CAPE CORAL, FL 33993 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BROCCIO, ROCCO

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Name:

Address:

City-St-Zip:

SIGNATURE: CHERYL KEMP L 10/07/2005