M02000003175

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

LIMITED LIABILITY REINSTATEMENT

TANTO IRRIGATION, LLC

Certificate of Status	2
Certified Copy	0
Page Count	02
Estimated Charge	$310.00

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DIVISION OF CORPORATION

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TALLAHASSEE, FLORIDA

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02/16/2006 17:17 8502227615 CT CORP PAGE 01/02

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000003175

1. Corporation Name
Tanto Irrigation, LLC

2. Principal Office Address	3. Mailing Office Address
5 North Payne Street	Same 5 NORTH PAYNE ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Elmsford, New York	City & State: ELMSFORD, NY
Zip: 10523 Country: USA	Zip: 10523 Country: USA

4. Date If Incorporated or Qualified To Do Business in Florida: 11/27/2002

5. FEI Number: 04-3668962 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

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: Debbie Diaz — REGISTERED AGENT MUST SIGN — Debbie Diaz Assistant Secretary — Date: 2/16/06

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
MGRM	Paul F. Guillaro/Managing Member	75 Random Farms Road	Chappiqua, NY 10514

REINSTATEMENT 03-06

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: Paul F. Guillaro — 2/15/2006 — 914-347-5151 xt 11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #