

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 13 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000009768

1. Corporation Name
BREVARD IRRIGATION, INC.
6373 LEONARD AVENUE
COCOA, FL. 32927

2. Principal Office Address
6373 LEONARD AVENUE

Suite, Apt. #, etc.

City & State
COCOA, FL

Zip
32927

Country
BREVARD

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 01/25/01

5. FEI Number
59-3697429

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name
BILLQUIST, STEVEN M.

Street Address (P.O. Box Number is Not Acceptable)
6373 LEONARD AVENUE

Suite, Apt. #, Etc.

City
COCOA

State
FL

Zip Code
32927

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

Date

7/7/04

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
P/T/D	BILLQUIST, STEVEN M.	6373 LEONARD AVENUE	COCOA, FL. 32927
			800039072788 07/13/04--01067--026 **1050.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN BILLQUIST, President

Date

Daytime Phone #

7/7/04 321-634-1888

CR2E081 (01/04)