
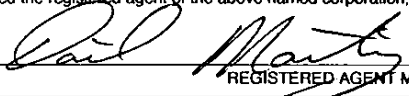



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000010049			
1. Corporation Name IRRIGATION Technicians inc.			
2. Principal Office Address 1200 S.W. 29 ST. Suite, Apt. #, etc.		3. Mailing Office Address 1200 S.W. 29 ST. Suite, Apt. #, etc.	
City & State Fort lauderda de FL.		City & State FT lauderda de FL.	
Zip 33315	Country Broward	Zip 33315	
		Country Broward	
4. Date Incorporated or Qualified To Do Business in Florida 1-26-2001			
5. FEI Number 651072909		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name DANIEL MARTINEZ			
Street Address (P.O. Box Number is Not Acceptable) 1200 S.W. 29 street			
Suite, Apt. #, Etc.			
City Fort lauderda de		State FL	
		Zip Code 33315	
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 2-23-06	
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/R/T	Daniel Martinez	1200 S.W. 29 ST.	FT. lauderda de FL 33315
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 contained in Chapter 119, 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: 		2-23-06	754-224-8560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #