

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN -8 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P-01000010639*
1. Corporation Name *D.C. I Irrigation Inc*

2. Principal Office Address

10435 122nd Ave N

Suite, Apt. #, etc.

City & State

Largo

Zip

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL 33773

Zip

Country

REINSTATEMENT

05-06

4. Date Incorporated or Qualified
To Do Business in Florida

1/04

5. FEI Number

262457714

Applied For

Not-Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David B Lee

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

10435 122nd Ave N

Suite, Apt. #, Etc

City

Largo

400081961524

*11/20/08--01079--011 **308.75*

200084662842

*01/17/07--01012--001 **600.00*

State

FL

Zip Code

33773

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

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 |
|------------------|--------------------------------------|---|-----------------------------|
| <i>President</i> | <i>David Lee</i> | <i>10435 122nd Ave N</i> | <i>Largo FL 33773</i> |
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| | | | |
| | | | <i>K. Eckel JAN 09 2007</i> |

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/06 (727)458-6157

Date

Daytime Phone #