

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 16 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Suddenly Green Irrigation, Inc.

Document # P01000031831

2. Principal Office Address

1702 W. Knights Griffin Road

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33565

Country

USA

3. Mailing Office Address

1702 W. Knights Griffin Road

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33565

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 29, 2000

5. FEI Number

593726232

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05
000058700350
08/17/05--01047--006 **1058.75

7. Name and Address of Current Registered Agent

Name

Mark Wallace

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

1702 W. Knights Griffin Road

Suite, Apt. #, Etc.

City

Plant City

State
FL

Zip Code
33565

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

Mark Wallace

REGISTERED AGENT MUST SIGN

Date

8-11-05

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	Mark Wallace	1702 W. Knights Griffin Road	Plant City, FL 33565
VP	William Morris	1109 Vinewood Drive	Seffner, FL 33584
S / T	Carol Wallace	1702 W. Knights Griffin Road	Plant City, FL 33565

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:

William E. Morris Sr.

WILLIAM E. MORRIS SR.

8-11-05

(813) 478-0110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)