

2008 FOR PROFIT CORPORATION REINSTATEMENT

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|--|--|---|
| DOCUMENT # P01000117948 | |  |
| 1. Entity Name MCKENNA IRRIGATION SERVICES, INC. | | |

FILED
08 MAR 27 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|---|
| Principal Place of Business 27499 RIVERVIEW CENTER BLVD., SUITE 203 BONITA SPRINGS, FL 34134 | Mailing Address P O BOX 3310 BONITA SPRINGS, FL 34133 |
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|--|---------|-----------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. 454 | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip 34133-3310 | Country |

03242008 REIN-P CR2E098 (1/07)

| | | |
|--|--|---|
| 4. FEI Number 59-3760147 | | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|--|--|--|--------------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MCKENNA, TAMMI L 27499 RIVERVIEW CENTER BLVD., SUITE 203 BONITA SPRINGS, FL 34134 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite 454 | |
| | | City | FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Tammi L McKenna* (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTD MCKENNA, DENNIS C 27499 RIVERVIEW CENTER BLVD., SUITE 203 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 454 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VSD MCKENNA, TAMMI L 27499 RIVERVIEW CENTER BLVD., SUITE 203 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition // // |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 400121256014 03/25/08--01055--014 **158.75 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 400121256014 03/25/08--01055--015 **150.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tammi L McKenna* **3/27/08** **239 948-1599**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #