

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR -2 AM 11:26

DOCUMENT # P02000020053

1. Corporation Name **Quality Irrigation of Tallahassee Inc.**

2. Principal Office Address

2462 Pompey Ln
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee Fla

Zip

32311

Country

FL

City & State

Zip

32311

Country

FL

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

38-3643206

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Delvon L. Pompey

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

2462 Pompey Ln

Suite, Apt. #, Etc.

City

Tallahassee Fla 32311

State
FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of
Registered Agent

Delvon L. Pompey
REGISTERED AGENT MUST SIGN

Date

3/2/04

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	Delvon Pompey	2462 Pompey Ln	Tallahassee Fla
V	Walter Ross	2462 Pompey Ln	Tallahassee Fla

REINSTATEMENT
03-04
200030597612
03/17/04--01016--019 **900.00

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:

Delvon L. Pompey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/2/04

Daytime Phone #

CR3E081 (9/01)