1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 21 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000037441

1. Corporation Name

COASTAL IRRIGATION SERVICE , INC.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
5994 SW Markel St.	P. O. Box 106
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm City, Fl	City & State: Palm City, Fl
Zip: 34990 Country: Martin	Zip: 34991 Country: Martin

4. Date Incorporated or Qualified To Do Business in Florida: 04/05/2002

5. FEI Number: 03-0446777 ☐ 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: William R. Taylor, III

Street Address (P.O. Box Number is Not Acceptable): 5994 SW Markel Street

Suite, Apt. #, Etc.

500033488645

City: Palm City | State: FL | Zip Code: 34990

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: William R. Taylor III — REGISTERED AGENT MUST SIGN — Date: 4/19/04

CR2E081 (01/04)

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
Pres/Sec	William R. Taylor III	5994 SW Markel St Palm City, FL 34990	Palm City FL 34990
V.P/Treas	Karen A Taylor	"	"

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 R. Taylor III — 4/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION SERVICE COMPANY®

ACCOUNT NO. : 072100000032

REFERENCE : 581932 80881A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 900.00

ORDER DATE : April 21, 2004

ORDER TIME : 1:05 PM

ORDER NO. : 581932-005

CUSTOMER NO: 80881A

CUSTOMER: Ms. Joan Byrd
Fassett Anthony & Taylor, P.a.
1325 West Colonial Drive

Orlando, FL 32804

DOMESTIC FILINGS

RECEIVED
04 APR 21 PM 2:39
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: COASTAL IRRIGATION SERVICE, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS _____