


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000043269		
1. Entity Name ABEL IRRIGATION, INC.		

FILED

04 OCT 25 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10212004 REIN-P CR2E098 (6/04)

Principal Place of Business 34 RONALD RD HOLLYWOOD, FL 33023		Mailing Address 34 RONALD RD HOLLYWOOD, FL 33023	
2. Principal Place of Business 20 MIAMI GARDENS RD		3. Mailing Address 20 MIAMI GARDENS RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hollywood FL		City & State Hollywood FL	
Zip 33023	Country US	Zip 33023	Country US

4. FEI Number 42-1533738	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KANDIBOVICH, MICHAEL 34 RONALD RD HOLLYWOOD, FL 33023		7. Name and Address of New Registered Agent Name KANDIBOVICH, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 20 MIAMI GARDENS RD City Hollywood FL Zip Code 33023	
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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 Michael Kandibovich DATE 10/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$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	P KANDIBOVICH, MICHAEL 34 RONALD RD HOLLYWOOD, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20 MIAMI GARDENS RD Hollywood FL 33023
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 500042157085 10/25/04--01060--008 **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 10/26
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael Kandibovich Date 10/21/04 (954) 989-5545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #