

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000047920

1. Corporation Name

AMERICA'S FINEST IRRIGATION, INC.

Principal Place of Business

Mailing Address

2941 37 AVE N
ST PETERSBURG FL 33713

2941 37 AVE N
ST PETERSBURG FL 33713



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/29/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

04-3659345

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for DVS SHARP, BRADLEY W and DPT EBERT, DANIEL J.

300023857783
10/16/03--01059--023 **750.00

10/1/03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHARP, BRADLEY W
2941 37 AVE N
ST PETERSBURG FL 33713

Form for New Registered Agent with fields for Name, Street Address, Suite, Apt. #, Etc., City, State (FL), and Zip Code.

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent [Signature] Date 10/1/03
REGISTERED AGENT MUST SIGN

11. 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: [Signature] 10/1/03 (727)327-6663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)