

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 20 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000049131**

1. Corporation Name

AQUAGREEN IRRIGATION, INC.

Principal Place of Business

Mailing Address

**1430 NORTHEAST 42ND COURT
POMPANO BEACH FL 33064**

**1430 NORTHEAST 42ND COURT
POMPANO BEACH FL 33064**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/2002

5. FEI Number

04-3658085

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GALLAGHER, THOMAS J	1430 NORTHEAST 42ND COURT	POMPANO BEACH FL 33064
VSTD	GALLAGHER, DOREEN M	1430 NORTHEAST 42ND COURT	POMPANO BEACH FL 33064

**100023956961
10/20/03--01057--015 **150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SPIEGEL & UTREBA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145~~

Name

Thomas J Gallagher

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

1430 NE 42nd

Suite, Apt. #, Etc.

City

Pompano Bch Fl

State

FL

Zip Code

33064

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/15/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03

Date

954-655-7846

Daytime Phone #

CR2ED40 (7/03)

AQUA GREEN IRRIGATION

1430 NE 42ND CT
POMPANO BEACH, FL

PHONE: 954-655-7846
FAX : 954-946-4269

Department of the State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: UBR notice

I, Thomas J. Gallagher, President of Aqua Green Irrigation, Inc. Did not receive any previous UBR notices for reasons unknown. Therefore I have enclosed a check for the amount of \$ 150.00.

Sincerely,



**Thomas J. Gallagher
President**