2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -9 AM 8:00

DOCUMENT # P03000046391

1. Entity Name
SOUTH FLORIDA IRRIGATION SERVICES, INC.

REINSTATEMENT 04

Principal Place of Business	Mailing Address
317 SE 11TH AVENUE #317A POMPANO BEACH, FL 33060	317 SE 11TH AVENUE #317A POMPANO BEACH, FL 33060

11042004) REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
861 SE 22nd Ave	861 SE 22nd ave
Suite, Apt. #, etc. 5	Suite, Apt. #, etc. #5
City & State Pompano Beach Fl	City & State Pompano Beach Fl
Zip 33062 Country Broward	Zip 33062 Country Broward

4. FEI Number 54-2107906 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SZNURMAN, SHELLY A
317 SE 11TH AVENUE
#317A
POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent

Name Shelly Sznurman
Street Address (P.O. Box Number is Not Acceptable) 861 SE 22nd Ave
City Pompano Beach FL Zip Code 33062

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 Shelly Sznurman 11/4/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SZNURMAN, SHELLY A	NAME	
STREET ADDRESS	317 SE 11TH AVENUE, #317A	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BREAULT, JAMES M	NAME	100042607731
STREET ADDRESS	317 SE 11TH AVENUE, #317A	STREET ADDRESS	11/03/04--01075--009 **150.00
CITY-ST-ZIP	POMPANO BEACH, FL 33060	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Shelly Sznurman 11/4/03 954-786-2249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #