


## 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC -1 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P03000047536</b>					
1. Entity Name <b>DRILLING AND IRRIGATION SERVICES OF BREVARD, INC.</b>					
Principal Place of Business <b>195 ROUGE LANE NE PALM BAY, FL 32907 US</b>			Mailing Address <b>195 ROUGE LANE NE PALM BAY, FL 32907 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3526074</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DESAULNIER, GENEVIEVE E 2009 ALMA DR. WEST MELBOURNE, FL 32904</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) <b>2612 ARABIAN Rd.</b>		
			City <b>Branford</b>		FL Zip Code <b>32008</b>
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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____					
<b>FILE NOW!! FEE IS \$150.00</b> After January 1, 2009, 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 NAME STREET ADDRESS CITY-ST-ZIP	P PRICE, BRADLEY J 1265 PAKENHAM ST NW PALM BAY, FL 32907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600138344806</b> <b>12/01/08--01065--017 **158.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-T PRICE, KAREN A 1265 PAKENHAM ST NW PALM BAY, FL 32907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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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 exemptions contained in Chapter 119, 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: <i>Bradley J Price</i>				Date: <b>11-26-2008</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	

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