

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000132619

1. Entity Name
JAMES NORRIS IRRIGATION INC.



Principal Place of Business
1621 NW 32ND AVENUE
OCALA, FL 34475 US

Mailing Address
1621 NW 32ND AVENUE
OCALA, FL 34475 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10252004 REIN-P CR2E098 (6/04)

4. FEI Number

01-0802420

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name

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

City

FL

Zip Code

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

JENNY DAWSON V.P.

10-27-04

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME NORRIS, JAMES
STREET ADDRESS 1621 NW 32ND AVENUE
CITY-ST-ZIP Ocala, FL 34475

TITLE ☐ Change ☐ Addition
NAME 700042314067
STREET ADDRESS 10/29/04--01052--017 **158.75
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

James L. Norris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-04 352-427-9950

Date

Daytime Phone #

FILED

04 OCT 29 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

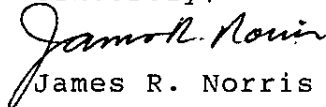


JAMES NORRIS IRRIGATION INC.
1621 N.W. 32nd Ave.
Ocala, FL. 34475

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, FL. 32314

After being questioned by customer service rep., Katrina , it was determined that I did not recieve notice to pay in January nor did I recieve reject letter.

Sincerely,


James R. Norris