

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 10, 2008 8:00 A.M.
Secretary of State

DOCUMENT # P04000021096

1. Corporation Name

Treasure Coast Irrigation Inc.

2. Principal Office Address - No P.O. Box #

11380 Prosperity Farms Road

Suite, Apt. #, etc.

Suite 209A

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

3. Mailing Office Address

11380 Prosperity Farms Road

Suite, Apt. #, etc.

Suite 209A

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

REINSTATEMENT 07-08
CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/2004

5. FEI Number
200681999

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Keith Walters

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

11380 Prosperity Farms Road

Suite, Apt. #, Etc.

Suite 209A

City

Palm Beach Gardens

State

FL

Zip Code

33410

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature of Keith Walters]
REGISTERED AGENT MUST SIGN

Date 10-7-08

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Keith Walters	11380 Prosperity Farms Road, Suite 209A Palm Beach Gardens FL 33410	Palm Beach Gardens, FL, 33410

200136806598
10/10/08--01015--013 **900.00

10. 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 contained in Chapter 119, 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 of Keith Walters]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-3-08

Daytime Phone #

561-377-5931

OC 10/10