

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000104313

1. Entity Name
C.S. IRRIGATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 30 AM 9:08

Principal Place of Business
1516 MEADOWS STREET
WILDWOOD, FL 34785

Mailing Address
1516 MEADOWS STREET
WILDWOOD, FL 34785

REINSTATEMENT 05-06



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242006 REIN-P CR2E098 (11/05)

City & State

City & State

4. FEI Number

Applied For
Not Applicable

201359747

Zip

Country

Zip

Country

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

Name

Lawrence J. Marchbanks, Esquire

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

110 Cleveland Avenue

City

Wildwood

FL

Zip Code
34785

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

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

(NOTE: Registered Agent signature required when reinstating)

1/24/06

DATE

FILE NOW!!! FEE IS \$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 D ☐ Delete
NAME SPARKMAN, CHRISTOPHER L
STREET ADDRESS 1516 MEADOWS STREET
CITY-ST-ZIP WILDWOOD, FL 34785

TITLE ☐ Change ☐ Addition
NAME 700065586087
STREET ADDRESS 02/10/06--01072--021 ***300.00
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

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Signature and typed or printed name of signing officer or director

1/24/06

Date

(352) 748-0092

Daytime Phone #