PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

T LEAGE READ ALE INSTRUCTION STEEL TING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	TALED FILED 11 JUN 20 PH 1: 13
DOCUMENT # $POS000021524$		TALLAHASSEE, FLURIDA
T.J. Irrigati	on INC.	,
2. Principal Office Address - No P.O. Box # 3670 NW 28th AVC Suite, Apt. #, etc.	3. Mailing Office Address Suite, Apt. #, etc.	700207845867 05/27/1101034004 **308.75 cr26081 (6/10)
Okeachobee Florida	City & State	.4. Date Incorporated or Qualified To Do Business in Florida O 1 - 20 - 2006
34972 Zip Country	Zip Country	5. FEI Number 65-0991571 Not Applied For Not Applied For Replied For Not Applied For Status Desired Status Of Status
		for a Certificate of Status
7. Name and Address of Current Registered Agent Name		WH 000027572
3670 NW 28th 1 Suite, Apt. #, Etc. OKECCHODEZ	FL 34972 State Zip Code	700207845867 05/18/1101035007 **758.75
	FL	
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 X Laghto Tamus REGISTERED.ASENT MUST SIGN Date 5 - 16 - 2011		
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	
owner Toofilo Jain	nes 3670 NW 1864	Ave Okerchober FI.3497
Clerk Contrada Jain	115 3670 NW 28th	Ave okechobee 72-3497
1/1/22		
	KEINSTATE.	09-11
		,
10. E-mail Address: NONC		
(To be used for future annual report notification) 11. 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. Viruther certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone **		