2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F 1. Entity Name FX IRRIGATION, INC. Principal Place of Business 1660 DEBUTANTE DRIVE JACKSONVILLE, FL 32246	P0600040466 Mailing Address 1660 DEBUTAI JACKSONVILLE	NTE DRIVE	O8 JAN 28 P LUBLIAN LUBLIAN LINESEE,	M 2:03 ESTATE FLORIDA
Suite, Apt. #, etc.		ICOUTAME DR	- BEINSTATENER	: 641); 418;6 8448 811(64) 11 (84)
City & State	City & State	JEC.	4. FELNumber 03-0585007	Applied For Not Applicable
32246 00	untry Zip Address of Current Registered Agent	Country	Certificate of Status Desired Name and Address of New Registere	\$8.75 Additional Fee Required d Agent
ZYTOWSKI, MARK J 1660 DEBUTANTE DRIVE JACKSONVILLE, FL 32246				
		City	·	
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, typeout prints the diregistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00				
10. 11ILE P/D NAME ZYTOWSKI, M STREET ADDRESS 1660 DEBUTA C11Y-SI-ZIP JACKSONVILL	NTE DRIVE	11. IIILE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11 Change Addition
NAME S/T ZYTOWSKI, M STREET ADDRESS 1660 DEBUTA	S/T Delete ZYTOWSKI, MARK J 1660 DEBUTANTE DRIVE		500116247699	
TITLE NAME STREET ADDRESS CHY_ST_ZP	□ Del	lete ITILE NAME STREET ADDRESS GILY-SI-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	M 1/29	lele TITLE NAME STREET ADDRESS CITY-SI-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Del	lete TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Del	lele TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filling 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:				

FX IRRIGATION INC.

1660 Debutante Dr. Jačksonville Florida 32246: (904) 591-[133

January 25, 2008

Division of Corporations

P.O. box 6327

Tallahassee Florida 32314

This is to let you know FX irrigation inc. did not receive any annual reports for the year of,

Sincerely,

Mark J Žytowski

1-25-08