

2082

Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

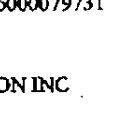

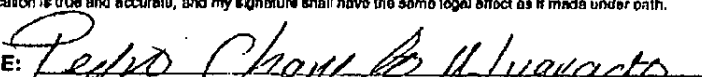
CORPORATION REINSTATEMENT

CHANELOS IRRIGATION INC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,058.75

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2009 SEP 21 PM 10:36 FILED TALLAHASSEE, FLORIDA SECTION 607, F.S.	
DOCUMENT # P06000079731					
1. Corporation Name CHANELLOS IRRIGATION INC.					
2. Principal Office Address - No P.O. Box # 405 12th St W		3. Mailing Office Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Palmetto, FL		City & State			
Zip 34221	Country USA	Zip	Country		
7. Name and Address of Current Registered Agent					
Name CORPORATION SERVICE COMPANY					
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST.					
Suite, Apt. #, Etc.					
City Tallahassee		State FL	Zip Code 32301		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.					
Signature of Registered Agent 		Troy Todd as its agent REGISTERED AGENT MUST SIGN		Date 9/21/2009	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
Pres	Pedro chanelo	405 12th St. W		Palmetto FL 34221	
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: 		09/13/2009		941-526-7039	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

B. Mitchell SEP 22 2009