

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11000050620

Corporation Name

Water Force Irrigation & Pump Services, Inc.

R. WHITE

MAR 12 2021

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03/02/21--01032--002 **750.00

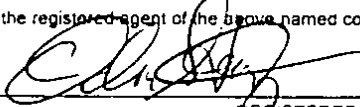
CR2E081 (11/10)

Principal Office Address - No P.O. Box # 5445 87th Street		3. Mailing Office Address PO Box 700156	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Wabasso, FL		City & State Wabasso, FL	
Zip 32958	Country US	Zip 32970	Country US

4. Date Incorporated or Qualified To Do Business in Florida 5/27/11	
5. FEI Number 61-1652045	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 Odori Hernandez			
Street Address (P.O. Box Number is Not Acceptable) 5445 87th Street			
Suite, Apt. #, Etc.			
City Wabasso, FL	State FL	Zip Code 32970	

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.

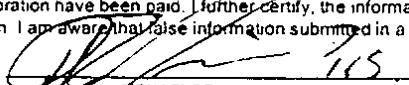
Signature of Registered Agent  Date 2/18/21

REGISTERED AGENT MUST SIGN

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
USD	Timothy Ellison	PO Box 700156	Wabasso, FL 32970
V	Odori Hernandez	5445 87th Street	Wabasso, FL 32958

E-mail Address: billing@waterforce.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:  2/18/21 772538-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #