PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P92 000012743

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 2015 08:00 AM
Secretary of State
100269885001
1/12/15 01004 004

CR2E081 (11/10)

DOCUMENT #

1. Corporation Name
Florida Irrigation Maintenance, Inc

2. Principal Office Address - No P.O. Box #
934 11th Place
Suite, Apt. #, etc.
City & State: Vero Beach, Fl
Zip: 32960 Country: USA

3. Mailing Office Address
P.O. Box 32999
Suite, Apt. #, etc.
City & State: Palm Beach Gardens, FL
Zip: 33410 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01-01-1993

5. FEI Number: 59-3156833 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: Andrew Palmer
Street Address (P.O. Box Number is Not Acceptable): 101 Abondance Drive
Suite, Apt. #, Etc.:
City: Palm Beach Gardens State: FL Zip Code: 33410

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: [signature] Date: 7-27-2016
REGISTERED AGENT MUST SIGN

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	City / State / Zip
V.P.	Chad Kelly	P.O. Box 5200	Vero Beach, FL 32961

10. E-mail Address: _____
(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., 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: [signature], Vice President Chad A. Kelly 7-27-2016 772-473-9791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #