

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 FEB -6 PM 12: 44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000017969

1. Corporation Name

IRRIGATION ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1472 JORDAN HILLS COURT
CLEARWATER FL 34616

1472 JORDAN HILLS COURT
CLEARWATER FL 34616

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

33756

Country

Zip

33756

Country

5. FEI Number

59-3303215

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPVS	LENHARDT, PETER M	1472 JORDAN HILLS COURT	CLEARWATER FL 34616 33756
T	LENHARDT, PETER M	1472 JORDAN HILLS COURT	CLEARWATER FL 34616 33756
			500002426355--5 -02/10/98--01027--004 ***1050.00 ***1050.00
			REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRUNSON, JOHN M
1474 JORDAN HILLS COURT
CLEARWATER FL 34616

Name

PETER M. LENHARDT

Street Address (P.O. Box Number is Not Acceptable)

1472 JORDAN HILLS COURT

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33756

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Peter M. Lenhardt
REGISTERED AGENT MUST SIGN

Date

2-2-98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-98

Date

813-446-7383

Daytime Phone #

CR2E040 (7/96)