

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000029373

1. Corporation Name

RESEARCH IRRIGATION SYSTEMS, INC.

Principal Place of Business

Mailing Address

20
UNIT 8
MIAMI FL 33015
US

11323 PHILLIPS PKWY DR E
SUITE 2
JACKSONVILLE FL 32256
US

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

2. New Principal Office Address, If Applicable

11323 PHILLIPS PKWY DR E

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 2

City & State

JACKSONVILLE, FL 32256

City & State

Zip
32256

Country
DUVAL

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/13/1995

5. FEI Number

59-3310722

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	BING, KENNETH R	14311 LEANING PINE DR	MIAMI LAKES FL
V	LEE CHRISTOPHER	2818 SEMINOLE VILLAGE DRIVE	MIDDLEBURG FL
P/V	LEE CHRISTOPHER M	2818 SEMINOLE VILLAGE DR	MIDDLEBURG, FL 32068
T/S	LEE LAURIE L	2818 SEMINOLE VILLAGE DR	MIDDLEBURG, FL 32068

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLAKE, TIMOTHY C
66 W FLAGLER ST
CONCORD BLDG SUITE 608
MIAMI FL 33130

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

TIMOTHY C. BLAKE
REGISTERED AGENT MUST SIGN

Date 11-20-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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

Date

Daytime Phone #

904-886-9944
M. LEE 11-18-98

FILED

98 DEC 22 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98

CR2E040 (9/95)