PLEASE READ ALL INSTRUCTIONS

APPLICATION FOR REINSTATEMENT

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

FILED
97 FEB 21 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000076503

1. Corporation Name A & B IRRIGATION DESIGN AND MANAGEMENT, INC.

Principal Place of Business	Mailing Address
8006 S.W. 149 AVE # D402 MIAMI, FL 33193	

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
10612 SW 184 TERR	10612 SW 184 TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33157 Country: DADE	Zip: 33157 Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida: 10/5/1995

5. FEI Number: 65-0611932 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☒ ($8.75 Additional Fee to cover cost of 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
PD	BROWN, ARTHUR L	8006 S.W 149 AVE #D402	MIAMI, FL 33193
VTD	ALEMAN, DIANA	8006 SW 149 AVE D402	MIAMI, FL 33193

900002096539-98
02/25/97--01057--010
$23.75 $25.75

REINSTATEMENT 10-97

8. Name and Address of Current Registered Agent

ALEMAN, DIANA
8006 S.W. 149TH AVE
D402
MIAMI, FL 33193

9. Name and Address of New Registered Agent

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: D Aleman — Date: 2/12/97
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 with 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 all fees owed by the corporation have been paid. 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: D Aleman — 2/12/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date