

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
K. Brian Harrell  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT 27 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000015118

1. Corporation Name

JONES IRRIGATION SERVICES, INC.

Principal Place of Business

114 RAINBOW DR  
FT WALTON BEACH FL 32548

Mailing Address

114 RAINBOW DR  
FT WALTON BEACH FL 32548

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

2. New Principal Office Address, If Applicable

JONES Irrigation Services, Inc.  
Suite, Apt. #, etc.  
114 Rainbow Ave. Unit 3-B

City & State  
FT. WALTON BEACH, FL

Zip  
32548

Country  
USA

3. New Mailing Office Address, If Applicable

SAME  
Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/14/1996

5. FEI Number

59-3364479

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	4 City / State / Zip
D	JONES, LUTHER	114 RAINBOW DR	FT WALTON BEACH FL 32548

800003034678--9

11/04/99 01033-013

\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

JONES, LUTHER  
114 RAINBOW DR  
FT WALTON BEACH FL 32548

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

Luther Jones  
REGISTERED AGENT MUST SIGN

Date 10-22-99

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., 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

Luther Jones, Owner 10-22-99 (850) 243-7740

Date

Daytime Phone #

KE

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J

JONES IRRIGATION SERVICES, INC.  
94 READY AVE. UNIT 3-B  
FORT WALTON BEACH, FLORIDA 32548  
PHONE: (850) 243-7740 FAX: (850) 243-6323

22 OCT 99

TO: DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
TALLAHASSEE, FLORIDA 32314-6327

RE: REINSTATEMENT FEE/WAIVER REQUEST

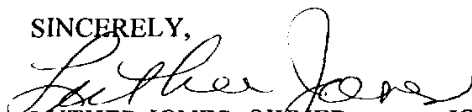
I AM REQUESTING A ONE TIME WAIVER OF THE REINSTATEMENT FEE. THE REASON WHY, I DID NOT RECEIVE THE PACKAGE FOR RENEWAL OF \$150.00. I DO HAVE A NEW ADDRESS: 94 READY AVE. UNIT 3-B FORT WALTON BEACH, FLORIDA 32548. I MOVED TO THE NEW ADDRESS-FEBRUARY, 1999.

I AM AWARE NOW THAT IT IS THE CORPORATION RESPONSIBILITY TO FILE BY MAY 1, OF EACH YEAR.

ENCLOSED A CHECK FOR \$150.00 FOR THE FEE.

THANK YOU FOR YOUR UNDERSTANDING AND CONSIDERATION REGARDING THIS MATTER.

SINCERELY,

  
LUTHER JONES, OWNER

JONES IRRIGATION SERVICES, INC.