

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC 18 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000104639

1. Corporation Name

LABELLE IRRIGATION AND SUPPLY, INC.

Principal Place of Business

500 SOUTH MAIN ST
LABELLE FL 33935

Mailing Address

500 SOUTH MAIN ST
LABELLE FL 33935

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT 03
100024103211

4. Date Incorporated or Qualified
To Do Business in Florida 021 **150.00
12/11/1997

5. FEI Number

65-0802934

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$0.75 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 3	City / State / Zip 4
P	JAMES W NICHOLLS	500 S MAIN ST	LABELLE FL 33935

100024103211
10/27/03--01023--002 **600.00

8. Name and Address of Current Registered Agent

JAMES W NICHOLLS
500 S MAIN ST
LABELLE FL 33935

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. or 617.0505, F.S.

Signature of
Registered Agent

James W Nicholls
REGISTERED AGENT MUST SIGN

Date 10 20 3

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.

JAMES W NICHOLLS

SIGNATURE:

James W Nicholls
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 20 3

Date

Daytime Phone #

863 675 6333

CR2E040 (7/03)