PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

000-00 NK

FILED
00 MAR 13 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SP

DOCUMENT # P97000104721

1. Corporation Name

TRICO IRRIGATION, INC.

2. Principal Office Address	3. Mailing Office Address
547 MORNINGSIDE ROAD	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VENICE, FL	City & State: SAME
Zip: 34293 Country: USA	Zip: SAME Country: SAME

4. Date Incorporated or Qualified To Do Business in Florida: 12/11/97

5. FEI Number: 65-0797794 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

600003180946--4
-03/22/00--01115--007
****300.00 ****300.00

Name: THOMAS E. WHITTAKER, CPA
Street Address (P.O. Box Number is Not Acceptable): 1521 S. TAMIAMI TRAIL
Suite, Apt. #, Etc.: SUITE 303
City: VENICE
State: FL Zip Code: 34292

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Thomas E Whittaker Date: 2/17/00
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SUMMERVILLE, SHELDON R.	547 MORNINGSIDE RD	VENICE, FL 34293
T	SUMMERVILLE, JO ANN	547 MORNINGSIDE RD	VENICE, FL 34293
VP	SUMMERVILLE, JOEY ROY	581 ZEPHRY ROAD	VENICE, FL 34293

10. 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: Jo-Ann Summerville 2/22/00 941-496-4456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #