

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 28 AM 8:19

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000104721

1. Corporation Name

TRICO IRRIGATION, INC

2. Principal Office Address

547 MORNINGSDIE RD

Suite, Apt. #, etc.

3. Mailing Office Address

547 MORNINGSDIE RD

Suite, Apt. #, etc.

City & State

VENICE, FL

City & State

VENICE, FL

Zip

34293

Country

USA

Zip

34293

Country

USA

REINSTATEMENT

05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1997

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

Name

WHITTAKER, THOMAS E CPA

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

1521 S TAMAMI TR

Suite, Apt. #, Etc.

SUITE 303

City

VENICE

State

FL

Zip Code

34285

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

REGISTERED AGENT MUST SIGN

Date

3/23/06

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 MORNINGSDIE RD	VENICE, FL 34293
T	SUMMERVILLE, JO ANN	547 MORNINGSDIE RD	VENICE, FL 34293
VP	SUMMERVILLE, JOEY ROY	2575 RIGEL RD	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 contained in Chapter 119, 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

3/23/06

Daytime Phone #

941-496-4456