PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 03

FILED
03 JAN 27 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000009875030
01/27/03--01060--022 **300.00

DOCUMENT # P97000104721

1. Corporation Name

TRICO IRRIGATION, INC.

Principal Place of Business	Mailing Address
547 MORNINGSIDE ROAD VENICE FL 34293	547 MORNINGSIDE ROAD VENICE FL 34293

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/11/1997

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. 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
P	SUMMERVILLE, SHELDON R	547 MORNINGSIDE ROAD	VENICE FL 34293
T	SUMMERVILLE, JO ANN	547 MORNINGSIDE ROAD	VENICE FL 34293
VP	SUMMERVILLE, JOEY ROY 'Ray'	2575 RIGEL ROAD	VENICE FL 34293

000009875030
01/06/03--01076--001 **61.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WHITTAKER, THOMAS E CPA 1521 S. TAMIAMI TRAIL, SUITE 303 VENICE FL 34292	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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: SIGNATURE REQUIRED Date: 12/31/02
REGISTERED AGENT MUST SIGN

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 REQUIRED Jo Ann Summerville 12/31/02 941 496 4456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2052

Trico Irrigation, Inc.
547 Morningside RD
Venice, FL 34293

Florida Department of State
~~Division of Corporations~~
P.O. Box 6327
Tallahassee, FL 32314

Re: FEI 65-0797794
Notice of Administrative Dissolution or Revocation

Sir or Madam:

We recently received a Notice of Administrative Dissolution or Revocation from the department. We did not receive the original annual report nor any prior notices and were unaware that there was a problem.

Had we received the original report it would have been filed right away. Since this did not happen we ask the department waive the reinstatement fee. There are no changes to the report and I am enclosing a check for the original $61.25 filing fee.

Hopefully this will take care of the problem. If not, please contact me at the address above so I may take further action.

Thank you in advance for your help in this matter.

Sincerely,

Jo Ann Summerville
Treasurer