

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000034006

FILED  
Nov 02, 2004  
Secretary of State

**Entity Name:** IRRIGATION MASTERS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

11180 IMMOKALEE R11  
NAPLES, FL 34120

**New Principal Place of Business:**

11180 IMMOKALEE ROAD  
NAPLES, FL 34120

**Current Mailing Address:**

11180 IMMOKALEE R11  
NAPLES, FL 34120

**New Mailing Address:**

11180 IMMOKALEE ROAD  
NAPLES, FL 34120

**FEI Number:** 65-0845540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHNITZLER, HERB A  
5400 YAHL STREET  
G  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

SCHNITZLER, HERB A  
11180 IMMOKALEE ROAD  
NAPLES, FL 34120 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HERB SCHNITZLER

11/02/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCHNITZLER, HERB  
Address: 5400 YAHL STREET  
City-St-Zip: NAPLES, FL 34109

Title: VP ( ) Delete  
Name: BELYEA, MICHAEL  
Address: 5400 YAHL STREET  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SCHNITZLER, HERB  
Address: 11180 IMMOKALEE ROAD  
City-St-Zip: NAPLES, FL 34120

Title: VP (X) Change ( ) Addition  
Name: BELYEA, MICHAEL  
Address: 11180 IMMOKALEE ROAD  
City-St-Zip: NAPLES, FL 34120

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BELYEA

VP

11/02/2004

Electronic Signature of Signing Officer or Director

Date