

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000080943**

1. Corporation Name

FIELDS DRAINAGE, INC.

Principal Place of Business

515 AIRPORT ROAD
WAUCHULA FL 33873

Mailing Address

515 AIRPORT ROAD
WAUCHULA FL 33873

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

FILED

03 NOV 14 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003



200024655552

11/14/03--01005--030 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/1998

5. FEI Number

65-0886526

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	FIELD, C E	515 AIRPORT ROAD	WAUCHULA FL 33873
D	FIELD, JASON C	515 AIRPORT ROAD	WAUCHULA FL 33873

8. Name and Address of Current Registered Agent

FIELD, C.E
515 AIRPORT ROAD
WAUCHULA FL 33873

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

REGISTERED AGENT MUST SIGN

Date

10/22/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/03

863-773-7547

Daytime Phone #

CR2E040 (7/03)