

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 NOV 29 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000108059

1. Entity Name
RUSSELL'S IRRIGATION, INC.



Principal Place of Business
1399 SAN LUIS COURT
WINTER SPRINGS, FL 32708

Mailing Address
1399 SAN LUIS COURT
WINTER SPRINGS, FL 32708

2. Principal Place of Business
1651 Barr St.
Suite, Apt. #, etc.

3. Mailing Address
1651 Barr St.
Suite, Apt. #, etc.

City & State
Oviedo FL
Zip
32765 Country

City & State
Oviedo FL
Zip
32765 Country



REINSTATEMENT (6/04)

04-05

4. FEI Number
59-3547758
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOULD, RUSSELL S
1399 SAN LUIS COURT
WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent

Name
Mould Russell S
Street Address (P.O. Box Number is Not Acceptable)
1651 Barr St.
City
Oviedo FL Zip Code
32765

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Russell Mould

11-10-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
MOULD, RUSSELL S
121 SABLE COURT
WINTER SPRINGS, FL 32708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Mould Russell S
1651 Barr St.
Oviedo FL 32765 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
08/17/05 01029 002 \$335.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
800062128908
12/13/05--01067--007 **\$65.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Russell Mould

11-10-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Eckel NOV 29 2005