PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PAGE I HE FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris FÖR FILED Secretary of State DIVISION OF CORPORATIONS 00 NOV -7 AM 10: 31 P99000023476 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name GARNER IRRIGATION INC. Principal Place of Business Mailing Address _1130 18TH ST. N. 1136 18TH ST. N. JACKSONVILLE_BEACH_FL 22250 JACKSONVILLE BEACH FL 32250 If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Mailing Office Address, If Applicable New Principal Office Address, If Applicable 4. Date incorporated or Qualified P.O. 50X 3 To Do Business in Florida 03/09/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For -Çity & State City & State *5*9-3561337 Not Applicable FL \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Name of Officers City / State / Zip Officer and/or Director Title(s) and/or Directors JOE R. GHRNER 1. 0. Box 3125 **700003485617--**-12/05/00--01013-<u>-</u>013 ****150.00 ****150.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent SARNER GARNER, JOE R Street Address (P.O. Box Number is Not Acceptable) 1136 18TH ST. N. Suite, Apt. #, Etc. JACKSONVILLE BEACH FL 32250 2082 10. I, being appointed the registered agent of the above named of poration, am familiar with and accept the obligations of Section 607.0505, F.S. Date 10-26-00 Signature of Registered Agent 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 EGARNER 10-26.00

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GARNER IRRIGATION &, INC. P. O. BOX 3125 PONTE VEDRA BEACH, FL 32004-3125 904-543-1664

October 26, 2000

Ms. Katherine Harris Secretary of State Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Dear Ms. Harris:

I have been incorporated since March, 1999 under the address of 1136 18th Str. N., Jacksonville Beach, FL 32250. Since that time, I have acquired U. S. Post Office Box 3125, Ponte Vedra Beach, FL 32004-3125. I thought all my mail had been forwarded in a timely manner, except when I received the enclosed Application for Reinstatement from your department yesterday.

Ms. Harris, I am a very small irrigation company in a start-up mode. I have all licenses and insurance required and would certainly have paid the \$150.00 due prior to the May deadline had I received the first notice.

I sincerely request that you waive the \$600 late fee as it would put my company in peril due to my financial situation. I can guarantee, through revising the attached form with the correct address, therefore not relying on the U. S. Post Office, that all future payments to your department will be in a timely manner.

Thanking you in advance for your attention to this matter, I remain,

Yours truly,

Joe R. Garner President

Enclosed: Oceanside Bank, Jacksonville Beach, Fl check #0845 for \$150.00 to Department of State