

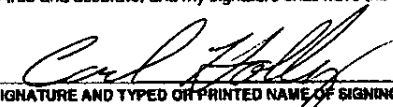


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 NOV -4 PM 4:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P99000092186					
1. Corporation Name ENVIRONMENTAL IRRIGATION DESIGN, INC.					
2. Principal Office Address 4217 MARIANNA RD. Suite, Apt. #, etc.		3. Mailing Office Address 4217 MARIANNA RD. Suite, Apt. #, etc.		<div style="font-size: 2em; font-weight: bold;">REINSTATEMENT 02-04</div>	
City & State Jacksonville, FL		City & State Jacksonville FL			
Zip 32217	Country USA	Zip 32217	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 10/18/1999		5. FEI Number 59-3605112			
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name CARL T. HOLLEY					
Street Address (P.O. Box Number is Not Acceptable) 4217 MARIANNA RD.					
Suite, Apt. #, Etc.					
City Jacksonville				State FL	Zip Code 32217
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent 		Date 11-2-04			
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
P, D	CARL T. HOLLEY	4217 MARIANNA RD	Jacksonville FL 32217		
3000042488423 11/04/04--01058--004 **1058.75					
10. 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: 		CARL T. HOLLEY		11-2-04	(904) 868-7442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	