

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 NOV 21 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000092186  
1. Corporation Name  
Environmental Irrigation  
Design, INC.

2. Principal Office Address <u>13218 Huguenot Ln.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>13218 Huguenot Ln.</u> Suite, Apt. #, etc.	
City & State <u>Jacksonville FL.</u>		City & State <u>Jacksonville FL.</u>	
Zip <u>32225</u>	Country <u>U.S.A.</u>	Zip <u>32225</u>	Country <u>A.S.U.</u>

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida <u>10-18-99</u>	
5. FEI Number <u>59-3605112</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 <u>Carl Holley</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>13218 Huguenot Ln.</u>	
Suite, Apt. #, Etc.	
City <u>Jacksonville</u>	State <u>FL</u>
	Zip Code <u>32225</u>

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 Carl Holley Date 11-21-05  
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
PD	Carl Holley	13218 Huguenot Ln.	Jacksonville FL. 32225

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 Holley Carl Holley 11-21-05 (904) 868-7442  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

89. Williams NOV 21 2005

I did not receive the AR info for the  
year 2005.

Can R Holly