PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION -FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

S69668 **DOCUMENT #**

1. Corporation Name

AQUA-MIST IRRIGATION OF MARTIN COUNTY, INC.

Principal Place of Business

Mailing Address

1580 N.E. 24TH TERRACE JENSEN BEACH FL 34957 1580 N.E. 24TH TERRACE JENSEN BEACH FL 34957

FILED

01 OCT 19 AM 11: 49

SECRETARY OF STATE TALLAHASSEE, FLORIDA



				New Mailing Office Address, If Applicable Suite, Apt. #, etc.		Date Incorporated or Qualified To Do Business in Florida 07/25/1991			
Suite, Apt. #, etc. Suite,						5. FEI Numbe	 		
City & State City			City & State	City & State			65-0278394	Applied For Not Applicable	
Zip Country			Zip Cou		Country	6. CERTIFICAT	S8.75 Additional Fee requi for a Certificate of Status		
. Names	and Street Add	resses of Each Officer an	d/or Director (FI	orida nonprof	t corporations must list at l	east 3 directors)			
Title(s) Name of Officers and/or Directors				Street Address of Eac Officer and/or Directo					
D	WITHEROW, ROBERT L.			1580 N.E. 24TH TERR			JENSEN BEACH FL		
D	WITHEROW	, TERRI L		1580 N.E. 24TH TERR			JENSEN BEACH FL		
	g Nome	and Address of Current	t Poglatored Ag			Q. Name and	Address of New Pagintared	Acont	
8. Name and Address of Current Registered Agent					Name	Name and Address of New Registered Agent			
WITHEROW, ROBERT L. 1580 N.E. 24TH TERRACE					Street Address	Street Address (P.O. Box Number is Not Acceptable)			
JENSEN BEACH FL 34957					Suite, Apt. #, Et	Suite, Apt. #, Etc.			
					City		State FL		

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 lives 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 in

SIGNATURE:

REGISTERED AGENT MUST SIGN



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October 15,2001

Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee, FL. 32314-6327

Dear Sirs,

As per our conversation on October 15,2001, I have enclosed a copy of my canceled check that was cashed on April 17, 2001. Also enclosed is the form for reinstatement that you instructed me to send you. As we discussed, I never received the form that you sent back for my signature, and no new charges are due at this time. Please file this new form and reinstate my corporate status as soon as possible.

Sincerely,

Robert L. Witherow

President

Aqua-Mist Irrigation of Martin County, INC.

