

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **S75272**

1. Corporation Name

CUSTOM IRRIGATION REPAIR, INC.

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700003203117--4
-04/11/00--01052--010
****900.00 ****900.00

Principal Place of Business

Mailing Address

P.O. BOX 2402
WINTER PARK FL 32790

P.O. BOX 2402
WINTER PARK FL 32790

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3081868

Applied For

City & State

City & State

Not Applicable

Zip Country

Zip Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75-Additional Fee required
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	EMERSON, ERIC	6340 RIDGEBERRY DR	ORLANDO FL
D	EMERSON, ALTON F. SR.	6340 RIDGEBERRY DR	ORLANDO FL
D	PRICE, JERRY <i>Delete</i>	4828 S. CONWAY RD., APT 121	ORLANDO FL
S	EDWARDS, MICHELLE L <i>Delete</i>	1513 STANBURY DR	ORLANDO FL 32818
S	Serena Bryan	511 Granada Dr.	Winter Park FL 32789
D	Phillip Snyder	12123 Mepon Ct	Orlando FL 32837

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EMERSON, ERIC
6340 RIDGEBERRY DR
ORLANDO FL 32819

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date Feb 14, 00

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 14, 00 407 697 0658
Date Daytime Phone #

CR2E340 (8/99)