

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V31586

1. Corporation Name

Myrle Slough Canal Management Corporation

07 JUL 26 11:4:09

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
200106759222  
07/26/07--01052--010 \*\*1050.00

**REINSTATEMENT** 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #  
2550 Witt RD

3. Mailing Office Address  
PO Box 14709

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Clewiston, FL

City & State  
Fort Pierce

Zip  
33440

Country  
USA

Zip  
34979

Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida 4/27/1992

5. FEI Number  
650402845

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Richard M. Carnell, Jr.

Street Address (P.O. Box Number is Not Acceptable)  
1900 Old Dixie Highway

Suite, Apt. #, Etc.

City  
Fort Pierce

State  
FL

Zip Code  
34946

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 7-16-07

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	Tom Jerkins	<del>2550 Witt RD</del> P.O. Box 14709	<del>Clewiston, FL 33440</del> Ft Pierce 34979
V	Miller Couse	2550 Witt RD	Clewiston, FL 33440
S	Tony Osborn	2550 Witt RD	Clewiston, FL 33440
T	Ed Demirgian	<del>2550 Witt RD</del> P.O. Box 14709	<del>Clewiston, FL 33440</del> Ft Pierce 34979

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 23, 2007

Date

Daytime Phone #

772  
461  
3020