PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 OCT 27 PM 3:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706234

REINSTATEMENT 03

1. Corporation Name

FLORIDA TURFGRASS ASSOCIATION, INC.

2. Principal Office Address	**3.** Mailing Office Address
3008 E. ROBINSON ST.	3008 E. ROBINSON ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32803 Country: USA	Zip: 32803 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/8/57

5. FEI Number: 59-0915813 ☐ 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: SHERRI BOSTON

700024170157
10/27/03--01080--009 **236.25

Street Address (P.O. Box Number is Not Acceptable): 3008 E. ROBINSON ST.

Suite, Apt. #, Etc.

City: ORLANDO State: FL Zip Code: 32803

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: Sherri R Boston Date: 10/24/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	JAN BEL JAN	17755 SE FEDERAL HWY.	TEQUESTA, FL 33469
UP	TOM WELLS	320 3RD ST. SW	WINTER HAVEN, FL 33880
ST	MATT TAYLOR	P.O. BOX 7039	NAPLES, FL 34101
D	CHARLES KEENE II	7300 SW 35TH WAY	GAINESVILLE, FL 32608
D	KEN GLOVER	3125 WINDSOR BLVD.	VERO BEACH, FL 32963
D	RICK WATTS	2226 NE 10TH ST.	OCALA, FL 34470

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: Robert K. Ellis 10/24/03 407-896-8079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 10/25