

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 30 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P9600002545-7**

1. Corporation Name

~~XXXXXXXXXX~~
TURF DEVELOPMENT INTERNATIONAL INC.

2. Principal Office Address

10930 STAMFORD DR
Suite, Apt. #, etc.

3. Mailing Office Address

10930 STAMFORD DR
Suite, Apt. #, etc.

City & State

PORT RICHEY, FL

Zip **34668** Country **PASCO**

City & State

PORT RICHEY, FL

Zip **34668** Country **PASCO**

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/18/1996

5. FEI Number

N/A

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 **SUE PALMGREN, JULANN H.**

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

10930 STAMFORD DR

Suite, Apt. #, Etc.

City

PORT RICHEY

State

FL

Zip Code

34668

800004219358-3

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*****1200.00 ***1200.00**

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

REGISTERED AGENT MUST SIGN

Date **4/16/2001**

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
PTD	PALMGREN, MICHAEL F.	1065 LEE CIRCLE	ATLANTA, GA, 30324
VD	LANE, JULIA, H	1065 LEE CIRCLE	" " "
SD	PALMGREN, JULANN, H	10930 STAMFORD DR	PORT RICHEY, FL, 34668

REINSTATEMENT 98-01178

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL PALMGREN

Date

4/16/01

Daytime Phone #

727-862-1173

CRZE081 (9/00)