

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 CORPORATION

01 MAY 10 PM 1:57

DOCUMENT # P96000037158

1. Corporation Name

Professional Turf Concepts, Inc.

Principal Place of Business

Mailing Address

P.O. Box 694251
Miami, FL 33269

REINSTATEMENT 00-01

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

2. New Principal Office Address, If Applicable

594 Spinnaker
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

594 Spinnaker
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

4/29/96

5. FEI Number

65-0661939

Applied For

Not Applicable

City & State

Weston, FL

City & State

Weston, FL

Zip

33326

Country

Zip

33326

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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| 1 | 2 | 3 | 4 |
| PSTD | Alan D. Sigwardt | 594 Spinnaker | Weston, FL 33326 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8000004316078--9
-05/24/01--01097--012
****900.00 ****900.00

4/15/23

8. Name and Address of Current Registered Agent

Jonathan A. Heller, Esq.
1428 Brickell Avenue
Sixth Floor
Miami, Florida 33131

9. Name and Address of New Registered Agent

Name: Jonathan A. Heller, Esq.
Street Address (P.O. Box Number is Not Acceptable)
888 Brickell Avenue
Suite, Apt. #, Etc.
Sixth Floor
City: Miami State: FL Zip Code: 33131

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

REGISTERED AGENT MUST SIGN

Date 3/26/01

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

4/12/2001

Date

(954) 261-1106

Daytime Phone #

CR2E081 (12/98)