

FOI000000361

FILED
COMPLETING THIS FORM
DIVISION OF CORPORATIONS

04 MAR -2 AM 11:47

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # FOI000000361

1. Corporation Name

Turfgrass Partners, Inc.

2. Principal Office Address

911 E Hwy 377

Suite, Apt. #, etc.

City & State

Granbury Texas

Zip

76048

Country

USA

3. Mailing Office Address

P.O. Box 1268

Suite, Apt. #, etc.

City & State

Granbury Texas

Zip

76048

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/19/2001

5. FEI Number

75-2818174

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

Jeffery H. Thomas

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

5938 Hovan Ave.

Suite, Apt. #, Etc.

City

Plant City, FL 33565

State
FL

Zip Code

33565

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

Jeffery H. Thomas

REGISTERED AGENT MUST SIGN

Date

3/1/2004

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	James Bobbitt	911 E Hwy 377	Granbury, TX 76048
S	Ike Thomas	911 E Hwy 377	Granbury, TX 76048
T	Corey Matheny	911 E Hwy 377	Granbury, TX 76048

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

2-27-04

Date

917-279-8504

Daytime Phone #