

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAY 23 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/23/07--01002--013 **481.25

REINSTATEMENT

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706021

1. Corporation Name Florida Turfgrass Research
Foundation, Inc.

2. Principal Office Address - No P.O. Box # <u>37 N. Orange Avenue</u> Suite, Apt. #, etc. <u>Suite #755</u> City & State <u>Orlando, FL</u> Zip <u>32801</u> Country <u>USA</u>		3. Mailing Office Address <u>(same)</u> Suite, Apt. #, etc. City & State Zip Country 	
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4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <u>59-6161528</u>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <u>Casey Wohl Pace</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>37 N. Orange Avenue</u>			
Suite, Apt. #, Etc. <u>Suite #755</u>			
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32801</u>	

☐ 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 <u>Casey Wohl Pace</u>	Date <u>5-14-07</u>
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
Pres.	<u>Jay McCord</u>	<u>8524 Briarwood Road</u>	<u>Jacksonville, FL 32217</u>
VP	<u>Darren Davis</u>	<u>1393 Vanderbilt Beach Road Ext.</u>	<u>Naples, FL 34120</u>
Sec. Treas.	<u>Todd Himmelberger</u>	<u>324 20th Street West</u>	<u>Rockledge, FL 32085</u>
EXEC. D.R.	<u>Casey Wohl Pace</u>	<u>37 N. Orange Ave #755</u>	<u>Orlando, FL 32801</u>

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: <u>Casey Wohl Pace</u>	<u>5-14-07</u>	<u>302 332-6721</u>	<u>407-343-3250</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

B. Mitchell MAY 23 2007