

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 FEB -6 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 854911

1. Corporation Name

TIFTON TURF FARMS, INC.

REINSTATEMENT

000088063330
02/13/07--01009--001 **1950.00

2. Principal Office Address - No P.O. Box #

322 Brighton Road

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1912

Suite, Apt. #, etc.

City & State

Tifton, Georgia

City & State

Tifton, Georgia

Zip

31794

Country

Tift

Zip

31793

Country

Tift

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

58-2044801

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

PAUL C. MASSEY

Date

February 5, 2007

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
P	Paul C. Massey	322 Brighton Road	Tifton, Ga. 31794
S/T	Anna J. Massey	322 Brighton Road	Tifton, Ga. 31794

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:

Paul C. Massey

1/31/2007

(229)386-8061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #