

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 SEP 26 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F960000000583

1. Corporation Name

COASTAL TURF SUPPLY CO., INC.
P.O. BOX 14619
SAVANNAH, GA 31406

2. Principal Office Address

1 Johnston St.
Suite, Apt. #, etc.
#7

3. Mailing Office Address

P.O. Box 14619
Suite, Apt. #, etc.

City & State

SAVANNAH GA

City & State

SAVANNAH, GA

Zip

31406

Country

CHATHAM

Zip

31406

Country

CHATHAM

4. Date Incorporated or Qualified
To Do Business in Florida

1993

5. FEI Number

58-2051534

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

Mr. Gene Baldwin

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

1803 TWELVE OAKS LN. NORTH

400003417654-1
-10/06/00-01127-007

Suite, Apt. #, Etc.

***1200.00 ***1200.00

City

NEPTUNE BEACH, FL

State

FL

Zip Code

32266

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

Gene Baldwin

Date

9/18/00

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.	JEFF FITZPATRICK	1 Johnston St #7	SAVANNAH, GA, 31406
VP	SUSAN FITZPATRICK	1 Johnston St #7	" "

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:

JEFF FITZPATRICK

JEFF FITZPATRICK

9/18/00

912 353 8815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)