

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # Q 40560

1. Corporation Name

Campo Sod Farm, Corporation

2. Principal Office Address

4512 N. ST Vincent st

Suite, Apt. #, etc.

City & State

Tampa, FL 33614

Zip

Country

USA

3. Mailing Office Address

4512 N. ST. Vincent st

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

Country

33614 USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5/23/1983

5. FEI Number

59-2291988

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

Manuel Herrera

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

4512 N-ST Vincent st

Suite, Apt. #, Etc.

Tampa

City

Tampa

300038092973

06/18/04--01046--008 **900.01

State

FL

Zip Code

33614

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6/15/04

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 | Herrera, Manuel | 4512 N-ST Vincent st | Tampa, FL 33614 |
| VP | Herrera, Silvia C | 4512 N-ST Vincent st | Tampa, FL 33614 |
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/04 (813) 872-8844

Date

Daytime Phone #