PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 26 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K74796

1. Corporation Name

WIEBE TURF, INC.

Principal Place of Business	Mailing Address
C/O APT SERVICE, INC. 5008 TROUBLE CREEK RD., #128 NEW PORT RICHEY FL 34652	C/O APT SERVICE, INC. 5008 TROUBLE CREEK RD., #128 NEW PORT RICHEY FL 34652

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 95-96
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
14611 Knollridge Dr.	14611 Knollridge Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL.	City & State: Tampa FL.
Zip: 33625 Country: Hillsborough	Zip: 33625 Country: Hillsborough

4. Date Incorporated or Qualified To Do Business In Florida: 03/23/1989

5. FEI Number: ~~59-3375017~~ ~~59-2833001~~ ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
~~D~~	~~LURKINS, STEVE~~	~~7625 COLONIAL COURT~~	~~TAMPA FL~~
P/D	O'Clair, Glenn D.	14611 Knollridge Dr.	Tampa, Fl. 33625
			900002017129--5 -12/02/96--01041--020 *****583.75 *****583.75
			JBH 12-9-96

8. Name and Address of Current Registered Agent

CRABB, R. C.
APT SERVICES, INC.
5008 TROUBLE CREEK RD., #128
NEW PORT RICHEY, 34652

9. Name and Address of New Registered Agent

Name: O'Clair, Glenn D.
Street Address (P.O. Box Number is Not Acceptable): 14611 Knollridge Dr.
Suite, Apt. #, Etc.:
City: Tampa State: FL Zip Code: 33625

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Glenn D. O'Clair Date: 11-20-96
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] Glenn D. O'Clair 11-20-96 813-348-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E080 (1/96)