

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000019866

1. Limited Liability Company's Name

Pioneer Turf, LLC

200009306912
12/03/02--01011--004 **150.00

2. Principal Office Address
640 E. Nine Mile Rd.

3. Mailing Office Address
640 E. Nine Mile Rd.

Suite, Apt. #, etc.

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City & State
Pensacola, Fl

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Pensacola, Fl.

Zip Country
32514 USA

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32514 USA

4. State/Country of Formation
Florida USA

5. Date Organized or Qualified
To Do Business in Florida 12/01

6. FEI Number
59-3758165

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Charles S Liberis

Street Address (P.O. Box Number is Not Acceptable)
1610 Barrancas Ave.

Suite, Apt. #, Etc.

City
Pensacola

State Zip Code
FL 32501

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President	Lee Turtle	804 N. 17th Ave	Pensacola, Fl 32501
General	Casey Turtle	804 N. 17th Ave	Pensacola, Fl. 32501

REINSTATEMENT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of
Managing Member/Manager

Date 5 Nov 02' Daytime Phone # (850) 484-8000

Typed or printed name of signing Managing Member/Manager

Casey Turtle

CR2ED41 (9/01)