

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 10 PM 4:04

1. DOCUMENT # L02000012613

Name and Mailing Address

0002901 01 AT 0.292 \*\*AUTO T3 0 0615 32746-341326



CENTRAL FLORIDA SOD & TREE FARM, L.L.C.  
200 WAYMONT COURT, SUITE 126  
LAKE MARY FL 32746-3413

300024529253  
11/10/03--01006--024 \*\*150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/22/2002	
Principal Place of Business 200 WAYMONT COURT, SUITE 126 LAKE MARY FL 32746	3. New Principal Place of Business Address P.O. Box 952515 City, State, Zip Lake Mary, FL 32746	6. FEI Number 753039882	Applied For Not Applicable
8. Name and Address of Current Registered Agent NORI, DOMINIC 200 WAYMONT COURT, SUITE 126 LAKE MARY FL 32746		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL	Zip Code

10. 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 [Signature] **SIGNATURE REQUIRED** Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	NORI, DOMINIC	1851 BRIDGEWATER DRIVE	LAKE MARY FL 32746

12. 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 [Signature] **SIGNATURE REQUIRED** Date 10/21/03 Daytime Phone # 407 474 4669

Typed or printed name of signing Managing Member/Manager Dominic Nori

REINSTATEMENT 03/dec