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 25 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****375.00 ****375.00

DOCUMENT # M12020

1. Corporation Name

CERTIFIED TURF MAINTENANCE, INC.

Principal Place of Business	Mailing Address
C/O RICHARD T. WOULFE 1080 SOUTHEAST THIRD AVENUE FT. LAUDERDALE FL 33316	10200 NW 30TH CT. SUNRISE FL 33322

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

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
10200 NW 30TH CT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNRISE, FL	City & State
Zip: 33322 Country: USA	Zip Country

4. Date Incorporated or Authorized To Do Business in Florida: 03/01/1985

5. FEI Number: 59-2559243 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	BENNETT, JOHN	4051 NW 34 AVE	FT. LAUDERDALE FL
STD	BENNETT, ROBIN	4051 NW 34 AVE	FT. LAUDERDALE FL

JB 11-20-96

8. Name and Address of Current Registered Agent

WOULFE, RICHARD T.
1080 S.E. THIRD AVENUE
FORT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name: JOHN J. BENNETT
Street Address (P.O. Box Number is Not Acceptable): 10200 NW 30TH CT
Suite, Apt. #, Etc.:
City: SUNRISE State: FL Zip Code: 33322

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 REQUIRED
REGISTERED AGENT MUST SIGN
Date: 11/22/96

11. 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.)

12. I certify that I am an officer or director of 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/96 Date
954 714-7355 Daytime Phone #

CR2E080 (7/96)