

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M66124

1. Corporation Name

NATURAL TURF, INC.

Principal Place of Business

13123 - 108th Ave. N
Largo, FL 33774

Mailing Address

Same

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/1988

5. FEI Number

59-2871601

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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
STD	Grimsley, Robert F.	13123 - 108th Ave. N.	Largo, FL 33774

100002929631--S
-07/13/99--01023--013
***1358.75 ***1358.75

8. Name and Address of Current Registered Agent

Grimsley, Robert F.
13123 - 108th Ave. N.
Largo, FL 33774

9. Name and Address of New Registered Agent:

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Robert F. Grimsley
REGISTERED AGENT MUST SIGN

Date 6/1/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(b), 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: Robert F. Grimsley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/99
Date

(727) 596-2799
Daytime Phone #

TIMOTHY G. HAYES & ASSOCIATES, P.A.

Attorneys At Law

Lakeview Professional Center
21859 State Road 54, Suite 200 • Lutz, Florida 33549

TIMOTHY G. HAYES

Telephone 813/949-6525 • Fax 813/949-6433

July 2, 1999

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**Re: Natural Turf, Inc.
#M66124**

Dear Sir or Madam:

Enclosed for filing please find the Application for Reinstatement for the above corporation, along with a check in the amount \$1,358.75 for the reinstatement fee (\$1,350.00) and a Certificate of Status (\$8.75).

Sincerely yours,



DEBRAH MAYWORTH
Legal Assistant
HAYES & ASSOCIATES, P.A.
21859 State Road 54, Suite 200
Lutz, Florida 33549
(813) 949-6525

/dm
Encls.