

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

03 OCT 17 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000013908

1. Corporation Name

CREATIVE TURF SOLUTIONS, INC.

Principal Place of Business

Mailing Address

~~7040 BILTMORE DRIVE~~  
SARASOTA FL ~~34231~~

~~7040 BILTMORE DRIVE~~  
SARASOTA FL ~~34231~~

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

3760 MAPLE HOLLOW CT.  
Suite, Apt. #, etc.

3760 MAPLE HOLLOW CT.  
Suite, Apt. #, etc.

City & State  
SARASOTA, FL

City & State  
SARASOTA, FL

Zip 34243 Country SARASOTA

Zip 34243 Country SARASOTA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/09/2000

5. FEI Number

65-0987226

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 3	City / State / Zip 4
D	HARPER, WILLIAM B	<del>7040 BILTMORE DRIVE</del> <u>3760 MAPLE HOLLOW CT</u>	SARASOTA FL <del>34231</del> <u>34243</u>
PSTD	HARPER, CATHRYN A	<del>7040 BILTMORE DRIVE</del> <u>3760 MAPLE HOLLOW CT.</u>	SARASOTA FL <del>34231</del> <u>34243</u>

700023908737  
10/17/03--01064--010 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARPER, CATHY A  
1800 SECOND ST.  
SUITE 970  
SARASOTA FL 34236

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. or 617.0505, F.S.

Signature of  
Registered Agent

Cathy A Harper  
REGISTERED AGENT MUST SIGN

Date 10/13/03

11. 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)(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:

Cathy A Harper  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03  
Date

941-355-9506  
Daytime Phone #

CR2E040 (7/03)

**CREATIVE TURF SOLUTIONS, INC.**

**3760 MAPLE HOLLOW COURT  
SARASOTA, FL 34243  
(941) 355-9506**

October 13, 2003

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Reinstatement of Corporation

Dear Sir or Madam:

Enclosed is the application for reinstatement and the reinstatement fee of \$150.00. We did not receive the previous two UBR notices.

Sincerely,



Cathy A. Harper  
President