FROM :EMPIRE CORPORATE KIT CO FAX NO. :305 6338302 Oct. 03 2001 08:09AM P2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT -8 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000017059

1. Corporation Name
S & S Sod Farms INC

REINSTATEMENT 2001

2. Principal Office Address	3. Mailing Office Address
1825 SE 4th Street	P.O Box 1954
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State Okeechobee FL	City & State Okeechobee FL
Zip 34974 Country USA	Zip 34973 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 2-14-2000

5. FEI Number 65-0991634 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.00 Additional Fee

7. Name and Address of Current Registered Agent

Name Sobeida Rodriguez

000004642030--3
-10/18/01--01065--016
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable) 1825 SE 4th Street

Suite, Apt. #, Etc. —

City Okeechobee State FL Zip Code 34974

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Sobeida Rodriguez (daughter). Date 10-3-01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Sobeida Rodriguez	1825 SE 4th Street	Okeechobee FL 34974
Sec.	Sobeida Rodriguez daughter	1825 SE 4th Street	Okeechobee FL 34974

LS

10. I certify that I am an officer or director of the reinvivor 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., 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 enclosed on this application is true and accurate, and my signature shall have the same legal effect as if made under oath

SIGNATURE: Sobeida Rodriguez 10-3-01 863-467-8203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Sobeida Rodriguez President

Date Daytime Phone #