

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
AND
FORM

06 JUL -3 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000111181

1. Corporation Name

JIMMY O'BRYAN SOD, INC.

2. Principal Office Address

1115 MEADOW LARK LANE

3. Mailing Office Address

1115 MEADOW LARK LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

City & State

WINTER HAVEN, FL

Zip

33884

Country

USA

Zip

33884

Country

USA

REINSTATEMENT

01-06

4. Date Incorporated or Qualified
To Do Business in Florida

12/4/2000

5. FEI Number

59-3684858

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

O'BRYAN, JIMMY LEE JR

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

1115 MEADOW LARK LANE

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33884

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

REGISTERED AGENT MUST SIGN

Date

6-29-06

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
P	O'BRYAN, JIMMY LEE JR.	1115 MEADOW LARK LANE	WINTER HAVEN, FL 33884

600077142016

07/07/06 01027 001 **1500.00

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-29-06

Daytime Phone #

863-206-2828

7/600