

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000064107

1. Corporation Name

C&E SOD, INC.

Principal Place of Business

6003 N THATCHER AVE
TAMPA FL 33614

Mailing Address

6003 N THATCHER AVE
TAMPA FL 33614



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

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3728198

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres	CARLOS HERNANDEZ	6003 N THATCHER AVE	TAMPA, FL 33614
V. Pres/ Sec.	ESTRELLA HERNANDEZ	6003 N THATCHER AVE	TAMPA, FL 33614

800008830928

11/06/02--01075--016 **450.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERNANDEZ, ESTRELLA
6003 N THATCHER AVE
TAMPA FL 33614

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-30-02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-02

Date

(813) 877-1909

Daytime Phone #

CR2040 (8/02)

October 24, 2002

Florida Department of State
Division of Corporations
Annual Report
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

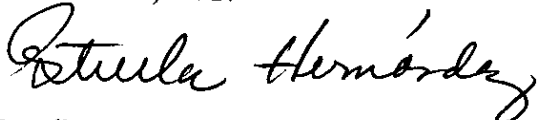
Enclosed you will find the Application for Reinstatement and a copy of the cancelled check, front and back, originally mailed with the annual report filed in June. Due to our inexperience and financial difficulties during our first year of operations, we inadvertently mailed the Annual Report late on June 20th.

We did not receive any prior uniform business report notices, hence we were not aware of any problems. We are hereby requesting that you waive the reinstatement fee and abate any penalty. We also request that you will give us credit for the \$150 fee paid in June with the original annual report.

Please advise us if we need to do anything else. We appreciate your assistance on this important matter.

Sincerely,

C & E SOD, INC.



Estrella Hernandez
Vice President