

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 DEC 11 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000096686

1. Corporation Name

LARRY'S SODDING & SON, INC.

Principal Place of Business

7321 WESTCOTT DR.  
PORT RICHEY FL 34668

Mailing Address

7321 WESTCOTT DR.  
PORT RICHEY FL 34668

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

10/01/2001

5. FEI Number

54-2848417

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	ULITTO, LAWRENCE J	7321 WESTCOTT DR.	PORT RICHEY FL 34668
D	ULITTO, JOAN G	7321 WESTCOTT DR.	PORT RICHEY FL 34668

400009465134  
12/11/02 01024 011 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TORRENCE, ALFRED W JR.  
6645 RIDGE RD.  
PORT RICHEY FL 34668

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11/20/02

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]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02 717-

Daytime Phone #

LARRYS SODDING & SON INC  
7321 WESTCOTT DR  
PORT RICHEY FL 34668

NOVEMBER 22, 2002

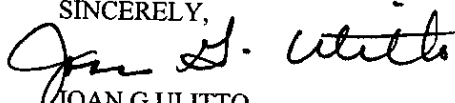
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE FL 32314

TO WHOM IT MAY CONCERN;

WE ARE IN RECEIPT OF A NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION FOR OUR COMPANY NOTED ABOVE.

PLEASE NOTE WE HAVE NEVER RECEIVED THE ORIGINAL UBR IN THE MAIL AND IF WE HAD IT WOULD HAVE BEEN FILED SINCE WE JUST INCORPORATED IN OCTOBER, 2001. AT THE ADVICE OF OUR ATTORNEY WHO IS ALSO OUR REGISTERED AGENT, PLEASE ACCEPT THIS LETTER AND OUR CHECK IN THE AMOUNT OF \$ 150.00. WE KINDLY ASK THAT YOU REINSTATE THIS CORPORATION WITHOUT PENALTY. YOUR CONSIDERATION IN THIS MATTER IS APPRECIATED.

SINCERELY,

  
JOAN G ULITTO  
DIRECTOR