

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 16 PM 2:36

DOCUMENT # P02000098819

1. Corporation Name

Osceola Sod & Irrigation Services, Inc.

REINSTATEMENT 03-05

800062226188

12/16/05--01043--005 **458.75

CR2E081 (8/05)

2. Principal Office Address

3700 S. Indiana Ave

Suite, Apt. #, etc.

3. Mailing Office Address

3700 S. Indiana Ave

Suite, Apt. #, etc.

City & State

Saint Cloud, FL

City & State

Saint Cloud, FL

Zip

34769

Country

Osceola

Zip

34769

Country

Osceola

4. Date Incorporated or Qualified
To Do Business in Florida

9/11/2002

5. FEI Number

42-1554013

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

Rodney Glasheen

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

3700 S. Indiana Ave

Suite, Apt. #, Etc.

City

Saint Cloud

Notice
Returned

State
FL

Zip Code
34769

8. I, being appointed the registered agent of the above named corpor

Signature of
Registered Agent

Rodney Glasheen
REGISTERED AGENT MUST SIGN

of section 607.0505 or 617.0503, F.S.

Date 12/14/05

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	Rodney Glasheen	3700 S. Indiana Ave	Saint Cloud, FL 34769
YP	CYNTHIA BRONSON-GLASHEEN	3700 S. INDIANA AVE	Saint Cloud, FL 34769

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 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:

Rodney Glasheen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/05

Date

407-935-0032

Daytime Phone #