




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

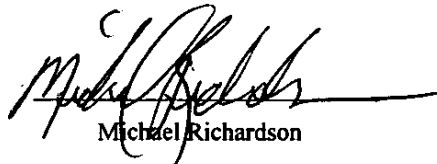
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000134970 <small>1. Corporation Name</small> SODFATHER SOD SERVICES, INC.		<div>FILED 06 MAR -6 AM 11:14 TALLAHASSEE, FLORIDA</div> <div>500067940075 03/16/06--01003--019 **\$600.00</div> <div>REINSTATEMENT 03-06 CR2E081 (12/05)</div>	
2. Principal Office Address 517 DOTTEREL RD. <small>Suite, Apt. #, etc.</small> SUITE 31-D <small>City & State</small> DELRAY BEACH, FL <small>Zip</small> 33444 <small>Country</small> PALM BEACH	3. Mailing Office Address 517 DOTTEREL RD. <small>Suite, Apt. #, etc.</small> SUITE 31-D <small>City & State</small> DELRAY BEACH, FL <small>Zip</small> 33444 <small>Country</small> PALM BEACH	4. Date Incorporated or Qualified To Do Business in Florida 12/27/02 5. FEI Number 65-0360879 <small>Applied For</small> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>	
7. Name and Address of Current Registered Agent			
<small>Name</small> MICHAEL RICHARDSON <small>Street Address (P.O. Box Number is Not Acceptable)</small> 517 DOTTEREL RD. <small>Suite, Apt. #, Etc.</small> SUITE 31-D <small>City</small> DELRAY BEACH, FL <small>State</small> FL <small>Zip Code</small> 33444			
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. <small>Signature of Registered Agent</small>  <small>REGISTERED AGENT MUST SIGN</small> <small>Date</small> 2/27/06			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
<small>Titles</small>	<small>Name of Officers and/or Directors</small>	<small>Street Address of Each Officer and/or Director</small>	<small>City / State / Zip</small>
P	MICHAEL RICHARDSON	517 DOTTEREL RD.	DELRAY BEACH, FL 33444
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:  MICHAEL RICHARDSON 2/27/06 561-496-6421 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>			

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Sir/Madame:

I, Michael Richardson, am requesting that the reinstatement fee be waived for SODFATHER SOD SERVICES, INC. The basis for my request is that I did not receive the annual report notices in the year of dissolution.

Sincerely,



Michael Richardson