

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILLED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN -1 AM 10:50

DOCUMENT # PO3000090957

1. Corporation Name Sheehan Turf Care

900181487019
05/28/10--01039--005 **908.75

2. Principal Office Address - No P.O. Box #
1528 Lance Rd
Suite, Apt. #, etc.

3. Mailing Office Address
1528 Lance Road
Suite, Apt. #, etc.

CR2E081 (4/10)

City & State
Jupiter FL

City & State
Jupiter, FL

Zip Country
33469 US

Zip Country
33469 US

4. Date Incorporated or Qualified To Do Business in Florida 8/20/2003

5. FEI Number 11-3703309 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 Craig A. Sheehan

Street Address (P.O. Box Number is Not Acceptable)
1528 Lance Road

Suite, Apt. #, Etc.

City State Zip Code
Jupiter, FL 33469

PROFIT CORPORATIONS ONLY
 The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Cj Sh Date 5/25/10
REGISTERED AGENT MUST SIGN

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
PVT	Craig Sheehan	1528 lance Rd	Jupiter, FL 33469
S	Dodie Sheehan	1528 lance Rd	Jupiter, FL 33469

REINSTATEMENT 05-10
B 6/2/10

10. E-mail Address: Sheehanturfcare@bellsouth.net
(To be used for future annual report notification)

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. I further certify, 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: Cj Sh Date 5/25/10 (501) 262-9123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #