

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 28 AM 10:20

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **P040000011703**

1. Corporation Name

Unlimited Sod & Sod Farms, Inc.

2. Principal Office Address

5963 SR 542 West

Suite, Apt. #, etc.

3. Mailing Office Address

5963 SR 542 West

Suite, Apt. #, etc.

City & State

Winter Haven, Florida

City & State

Winter Haven, Florida

Zip

33880

Country

us

Zip

33880

Country

us

REINSTATEMENT 2005

**4. Date Incorporated or Qualified
To Do Business in Florida**

Jan 15, 2004

5. FEI Number

73-1692211

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

Matthew Smith

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

5963 SR 542 West

Suite, Apt. #, Etc.

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City

Winter Haven

State

FL

Zip Code

33880

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**

REGISTERED AGENT MUST SIGN

Date

12-21-05

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
P	Matthew Smith	5963 SR 542 West	Winter Haven, FL 33880

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:

Matthew Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-21-05

Date

863-965-9495

Daytime Phone #