

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC -9 PM 4:03

DOCUMENT # *104000150500*

1. Corporation Name

PENINSULA TURF INC.

2. Principal Office Address - No P.O. Box #

519 NE 83rd Street

Suite, Apt. #, etc.

11

City & State

Miami, Florida

Zip

33138

Country

U.S.

3. Mailing Office Address

519 NE 83rd Street

Suite, Apt. #, etc.

11

City & State

Miami, Florida

Zip

33138

Country

U.S.

900163471729

12/09/09--01028--009 **300.00

REINSTATEMENT

(709)

08-09

KS

4. Date Incorporated or Qualified
To Do Business in Florida 11/02/2004

5. FEI Number

41-2157421

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

Robert Macon

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

519 NE 83rd Street

Suite, Apt. #, Etc.

11

City

Miami

State

FL

Zip Code

33138

☒ The 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

Robert Macon

Date *11-18-09*

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
Pres	Robert Macon	519 NE 83rd Street	Miami, Florida 33138

10. E-mail Address:

N/A

(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:

Robert Macon ROBERT MACON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-09 305 986-4116

Date

Daytime Phone #