

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000140775

1. Entity Name  
PETE SOD DELIVERY, INC.



FILED

08 AUG 19 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2815 TURKEY CREEK  
PLANT CITY, FL 33563

Mailing Address  
2815 TURKEY CREEK  
PLANT CITY, FL 33563

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



REINSTATEMENT 07-08

4. FEI Number  
55-0909847

Applied For  
Not Applicable

WOP

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, PEDRO  
2815 TURKEY CREEK  
PLANT CITY, FL 33563

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE

Signature must be printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME RODRIGUEZ, PEDRO  
STREET ADDRESS 2815 TURKEY CREEK  
CITY - ST - ZIP PLANT CITY, FL 33563

TITLE ☐ Change ☐ Addition  
NAME 400134603464  
STREET ADDRESS 08/19/08--01035--002 \*\*300.00  
CITY - ST - ZIP

TITLE VD ☒ Delete  
NAME ARROYO, FRANCISCO  
STREET ADDRESS 15010 US 301  
CITY - ST - ZIP PARRISH, FL 34219

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE D ☐ Delete  
NAME RIOS, GONSALO  
STREET ADDRESS 12907 FIELD MORE CT.  
CITY - ST - ZIP RIVERVIEW, FL 33569

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11. I changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Pete Sod Delivery, Inc.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/08

Date

Digitally Signed