

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000091749

Entity Name: MONTE SOD, INC.

FILED  
Sep 30, 2009  
Secretary of State

## Current Principal Place of Business:

833 HWY 441 SE  
705  
OKEECHOBEE, FL 34974

## New Principal Place of Business:

644 SW 67TH DR  
OKEECHOBEE, FL 34974

## Current Mailing Address:

833 HWY 441 SE  
705  
OKEECHOBEE, FL 34974

## New Mailing Address:

644 SW 67TH DR  
OKEECHOBEE, FL 34974

FEI Number: 80-0277277

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LEIGHTON, NORA  
113 NW 11TH AVE  
OKEECHOBEE, FL 34972 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: NORA LEIGHTON

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DIAZ, RAUL  
Address: 833 HWY 441 SE (705)  
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP ( ) Delete  
Name: DIAZ, RAULIN  
Address: 833 HWY 441 SE (705)  
City-St-Zip: OKEECHOBEE, FL 34974

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DIAZ, RAUL  
Address: 644 SW 67TH DR  
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP (X) Change ( ) Addition  
Name: DIAZ, RAULIN  
Address: 644 SW 67TH DR  
City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAUL DIAZ

P

09/30/2009

Electronic Signature of Signing Officer or Director

Date