

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000074577

**Entity Name:** TURFFCUTTERS, CORP.

**FILED**  
**Oct 02, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4541 SW CACAO STREET  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

4541 SW CACAO STREET  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LAMPMAN, LINDA  
1125 SW HUTCHINS STREET  
PORT ST LUCIE, FL 34983 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: LINDA LAMPMAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: REID, KEITH SR  
Address: 4541 SW CACAO STREET  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP  
Name: REID, GAIL L  
Address: 4541 SW CACAO STREET  
City-St-Zip: PORT ST LUCIE, FL 34853

Title: D  
Name: FAJARDO, MELISSA  
Address: 1310 NE 203RD STREET  
City-St-Zip: MIAMI, FL 33179

I hereby 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 all other like empowered.

SIGNATURE: GAIL REID

VP

10/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date