


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|---|-----------------------------------|---|--------------------------|
| APPLICATION FOR REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P93000070832 1. Corporation Name Professional Greens & Turf Aerification, Inc. | | | |
| Principal Place of Business | | Mailing Address | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | |
| 2. New Principal Office Address, If Applicable 1055 Harbor Lake Drive <small>Suite, Apt. #, etc.</small> | | 3. New Mailing Office Address, If Applicable 27382 US Hwy 19 N <small>Suite, Apt. #, etc.</small> | |
| City & State Safety Harbor, FL <small>Zip</small> 34695 | | City & State Clearwater, FL <small>Zip</small> 33761 | |
| Country Pinellas | | Country Pinellas | |
| 4. Date Incorporated or Qualified To Do Business in Florida 10/12/1993 | | 5. FEI Number 59-3205137 | |
| | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small> | | | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
| 1 | 2 | 3 | 4 |
| P | Gerry D. Minear | 1520 Gulf Blvd Unit 1806 | Clearwater, FL 33767 |
| | | | 600003077816--5 |
| | | | -12/22/99--01047--004 |
| | | | ***1058.75 ***1058.75 |
| REINSTATEMENT 97-99 11TS | | | |
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| | | Name A.R. Neal Street Address (P.O. Box Number is Not Acceptable) 13577 Feather Sound Drive Suite, Apt. #, Etc. Suite 300 City Clearwater | |
| | | State FL | Zip Code 33762 |
| 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <i>Alton A. Neal</i> Date 12/13/99 REGISTERED AGENT MUST SIGN | | | |
| 11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.) | | | |
| 12. 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: <i>Gerry D. Minear</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Gerry D. Minear Date 12/13/99 Daytime Phone # 727-726-6060 | |

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2201 (12/98)