

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED:

01 APR -9 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P94000064622

1. Corporation Name

Southeast Ag and Turf Inc.

2. Principal Office Address

11422 Cypress Bay ST.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 121422

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Clermont, FL

Zip

34711

Country

US

Zip

34712

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

1994

SP

5. FEI Number

593262978

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

S. DWIGHT MEERER

300004013643

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

11422 CYPRESS BAY STREET

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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

S. Dwight Meerer

REGISTERED AGENT MUST SIGN

Date 3/20/01

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. S. DWIGHT MEERER

11422 Cypress Bay ST.

Clermont, FL 34711

VP/Sec. Buford J. Creech

N. SR 561

Clermont, FL 34711

10. 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:

S. Dwight Meerer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

863-673-3013

Daytime Phone #

CR2E081 (9/00)