

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JAN 29 PM 12:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000050108

1. Corporation Name

Green Dollar Sod, Inc.

11495. 0-5-1-H.9

2. Principal Office Address

8498 Fern Street

3. Mailing Office Address

8498 Fern Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hobe Sound, Florida

City & State

Hobe Sound, Florida

Zip

33455

Country

USA

Zip

33455

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0612265

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Emory Z. Parks, Sr.

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

8498 Fern Street

Suite, Apt. #, Etc.

City

Hobe Sound, Florida

State

FL

Zip Code

33455

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

Emory Z. Parks, Sr.
REGISTERED AGENT MUST SIGN

Date

1-20-07

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
DPST	Emory Z. Parks, Sr.	8498 Fern Street	Hobe Sound, Florida 33455

REINSTATEMENT

02-07

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-20-07

Daytime Phone #

772-546-5872

772-546-5879