

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAY -4 AM 9:34

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

Green Dollar Sod, Inc.

Document Number: P95000050108

2. Principal Office Address - No P.O. Box #

8483 SE Date Street

Suite, Apt. #, etc.

3. Mailing Office Address

8483 SE Date Street

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

06/26/95

5. FEI Number

65-0612265

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

Emory Z. Parks, Sr.

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

8483 SE Date Street

Suite, Apt. #, Etc.

City

Hobe Sound

State

FL

Zip Code

33455

**PROFIT CORPORATIONS ONLY**

☐ The \$600.00 reinstatement fee is imposed,  
except in circumstances which the entity did  
not receive the prior notices. By checking  
this box, you are certifying the prior  
notices were not received and requesting  
the reinstatement fee be waived.

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

4-29-10

**SIGN  
HERE**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| DPST   | Emory Z. Parks, Sr.                  | 8483 SE Date Street                               | Hobe Sound, FL 33455 |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

To 8/6/10

REINSTATEMENT 08-10

10. E-mail Address: Greendollarsod@att.net

(To be used for future annual report notification)

11. 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. I further certify, 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:

*Emory Z. Parks, Sr.*

Emory Z. Parks

4-29-2010

Date

Daytime Phone #

72-546-5872