

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
DIVISION OF CORPORATIONS

99 JUL -6 PM 2: 41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000015936

1. Corporation Name  
DJ PAULSON & ASSOCIATES, INC.

Principal Place of Business Mailing Address - Same

2881 E. OAKLAND PARK BLVD  
SUITE 102  
FT. LAUDERDALE, FL. 33306

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT** 98-99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida  
FEB 21, 1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City &amp; State

City &amp; State

6

CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

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

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip   |
|---------------|---|--|---|
| Pres/Sec      | DENNIS J. PAULSEN                         | 2641 BATELY DRIVE WEST<br>#804   | WEST PALM BEACH, FL.<br>33415                                     |
|               |   |  | 000002930370--8<br>-07/13/99--01072--008<br>****908.75 ****908.75 |
|               |   |  |   |
|               |   |  |   |
|               |   |  |   |
|               |   |  |   |

**8. Name and Address of Current Registered Agent**

9. Name and Address of New Registered Agent

John V. Marinelli, Esquire  
2201 NE 52nd Street #110  
Light House Point, FL 33064

Name  
Dennis J. Paulson

Street Address (P.O. Box Number is Not Acceptable)  
2881 E. OAKLAND PARK BLVD.

Suite, Apt. #, Etc.  
SUITE 102

City  
FT LAUDERDALE

State  
FL

Zip Code  
33306

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

REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

7-1-59

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(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:**

*Dennis Parks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Davidic Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

DOCUMENT # M66124

1. Corporation Name

NATURAL TURF, INC.

Principal Place of Business

13123 - 108th Ave. N  
Largo, FL 33774

Mailing Address

Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/25/1988

5. FEI Number

59-2871601

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

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

| 1<br>Title(s) | 2<br>Name of Officers and/or Directors | 3<br>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip |
|---------------|--|--|-------------------------|
| STD           | Grimsley, Robert F.                    | 13123 - 108th Ave. N.  | Largo, FL 33774         |
|               |  |  |                         |
|               |  |  |                         |
|               |  |  |                         |
|               |  |  |                         |
|               |  |  |                         |
|               |  |  |                         |

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-07/13/99--01023--013  
\*\*\*1358.75 \*\*\*1358.75

8. Name and Address of Current Registered Agent

Grimsley, Robert F.  
13123 - 108th Ave. N.  
Largo, FL 33774

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Robert F. Grimsley*  
REGISTERED AGENT MUST SIGN

Date 6/1/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(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:

*Robert F. Grimsley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/99  
Date

(727) 596-2799  
Daytime Phone #

CR2E081 (12/98)