PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR -8 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-03

300014561173
04/08/03--01007--008 **758.75

DOCUMENT # P97000026846

1. Corporation Name
Sod
D3 A13 Landscaping, Inc.

2. Principal Office Address	**3.** Mailing Office Address
2085 S.E 4th Street	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Okeechobee	City & State:
Zip: 34974 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida 3-25-97

5. FEI Number 65-0763298 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: David Nunez Sr.

300014561173
03/24/03--01085--001 **750.0

Street Address (P.O. Box Number Is Not Acceptable): 2085 SE. 4th Street

Suite, Apt. #, Etc.:

City: Okeechobee State: FL Zip Code: 34974

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: _____ Date: 3-4-03
REGISTERED AGENT MUST SIGN

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
Treas. Pres.	David Nunez Sr.	2085 S.E. 4th St.	Okeechobee FL 34974
V/S	Anita Nunez	2085 S.E. 4th St.	Okeechobee FL 34974

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: Anita Nunez Anita Nunez 3-4-03 863-467-0611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JH 4/8