

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 27 PM 12:04

DOCUMENT # P97000053010

1. Corporation Name

STATEWIDE SOD & GRASSING, INC.

Principal Place of Business

3346 PACKARD AVE.  
ST. CLOUD FL 34770-0296

Mailing Address

PO BOX 700296  
ST. CLOUD FL 34770-0296

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/16/1997

5. FEI Number

59-3448740

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>D</del>	<del>PATRICK, BARBARA</del>	<del>5000 MARINA DR</del>	<del>ST. CLOUD FL 34771</del>
P/T	PATRICK, JOHN V	3346 PACKARD AVE.	ST. CLOUD FL 34772
<del>D</del>	<del>PATRICK, PHILIP</del>	<del>5000 MARINA DR</del>	<del>ST. CLOUD FL 34771</del>
S	Patrick, Jennifer	3346 Packard Ave	St. Cloud, FL 34772
			400004764624--1 -01/10/02--01030--018 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

PATRICK, JOHN V  
3346 PACKARD AVE.  
ST. CLOUD FL 34772

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

400004764624--1

-01/10/02--01030--018

\*\*\*\*750.00 \*\*\*\*750.00

FL

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12-19-2001

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 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-19-2001

Date

407-892-9005

Daytime Phone #

CR2040 (8/01)