

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 14 AM 9:06

DOCUMENT # 797000057732

1. Corporation Name

TRU TURF INC
DBA THE MASTERS TURF

8000003305068--5
-06/26/00--01140--008
***1050.00 ***1050.00

2. Principal Office Address

444 BOUCHELLE DRIVE

Suite, Apt. #, etc.

APT 304

City & State

NEW Smyrna Beach

Zip

32169

Country

FLORIDA

3. Mailing Office Address

1982 STATE ROAD 44

Suite, Apt. #, etc.

356

City & State

NEW Smyrna Beach

Zip

32168

Country

FLORIDA

REINSTATEMENT 98-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

7-1-97

5. FEL Number

593458130

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

ERID D. HUTCHINSON

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

444 BOUCHELLE DR APT 304

Suite, Apt. #, Etc.

City

NEW Smyrna Beach

State

FL

Zip Code

32169

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

Erid D. Hutchinson

REGISTERED AGENT MUST SIGN

Date

1-20-2000

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

Owner-President

ERID D HUTCHINSON

444 BOUCHELLE DR
APT 304

NEW Smyrna Beach
FL - 32169

12/21

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:

Erid D. Hutchinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-2000

Date

Daytime Phone #

CR2E081 (9/99)