

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 FEB 15 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000109151

1. Corporation Name

SOUTHERN TURF NURSERIES, INC.

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

14710 County RD 87

Suite, Apt. #, etc.

City & State

ELBERTA, AL

Zip

36530

Country

Baldwin

3. Mailing Office Address

14710 County RD 87

Suite, Apt. #, etc.

City & State

ELBERTA, AL

Zip

36530

Country

Baldwin

REINSTATEMENT

0507

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

5. FEI Number

58-2362402

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

TEMPLETON & COMPANY, P. A.

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

540 ROYAL PALM BEACH BLVD.

Suite, Apt. #, Etc.

City

ROYAL PALM BEACH, FL

State

FL

Zip Code

33411

☐ The 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

Steve Templeton
REGISTERED AGENT MUST SIGN

Date 02/02/2007

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
Pres	EDWARD E. WOERNER	26250 BRUHN ROAD	ELBERTA, AL 36530

K. Eckel FEB 1-6 2007

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 contained in Chapter 119, 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:

William Ray McCreane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/07 (251) 747-1129
Date Daytime Phone #