

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 19 AM 11:07

DOCUMENT # P98000007369

1. Corporation Name

VALLE VERDE SOD FARMS, INC.

Principal Place of Business

8005 BENJAMIN ROAD
TAMPA FL 33634

Mailing Address

~~8005 BENJAMIN ROAD~~
~~TAMPA FL 33634~~



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

REINSTATEMENT

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		P.O. Box 261598		01/22/1998	
City & State		Suite, Apt. #, etc.		5. FEI Number	
Tampa, Florida				59-3488734	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
33685		USA			

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PT	VALDES, ZENEN	7545 ARMAND CIRCLE 7314 Summerbridge Drive	TAMPA FL 33614 33634
VS	LOPEZ, EZEQUIEL	2409 TEXAS AVENUE	TAMPA FL 33620

608083029256--2
-10/23/99--01057--022
***758.75 ***758.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
VALDES, ZENEN 7545 ARMAND CIRCLE 7314 Summerbridge Drive TAMPA FL 33614 33634	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
	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

Zenon Valdes

REGISTERED AGENT MUST SIGN

Date 10-13-99

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:

Zenon Valdes

Zenon Valdes

10-13-99

Date

(813)888-9821

Daytime Phone #