PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
01 MAY 17 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION [redacted]

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

DOCUMENT # P98000032015

1. Corporation Name

J&M SOD, INC

2. Principal Office Address	3. Mailing Office Address
3110 SE Slater St	P.O. Box 146
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stuart, FL	City & State: Palm City, FL
Zip: 34997 Country: USA	Zip: 34991 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 4/7/1998

5. FEI Number: 65-0889974 ☐ 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: Jeff Rastrelli

Street Address (P.O. Box Number is Not Acceptable): 1036 SW 29th Terrace

Suite, Apt. #, Etc.:

City: Palm City, State: FL Zip Code: 34990

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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: [signature] REGISTERED AGENT MUST SIGN Date: 5/26/01

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
P/S	Jeff Rastrelli	1036 SW 29th Terrace	Palm City, FL 34990
V/T	Mario Rastrelli, Jr.	1036 SW 29th Terrace	Palm City, Fl 34990
			99-01URR178

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: [signature] JEFF RASTRELLI 5/26/01 561-219-0039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES Date Daytime Phone #