

# APPLICATION FOR REINSTATEMENT



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

APPROVED  
AND  
FILED

00 DEC 11 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **P98000042223**

1. Corporation Name

**NORTH FLORIDA SOD GRASSING, INC.**

Principal Place of Business

Mailing Address

PO BOX 1803  
PALATKA FL 32178-1830

PO BOX 1803  
PALATKA FL 32178-1830

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business In Florida

05/08/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3517916

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SIMMONS, JOHNNIE L	P.O. BOX 1803	PALATKA FL 32178
T	HILL, LEON	P.O. BOX 8112	PALATKA FL 32177

400003529174--5  
-01/09/01--01028--003  
\*\*\*\*\*700.00 \*\*\*\*\*700.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIMMONS, JOHNNIE L  
462 STATE ROAD 207  
E PALATKA FL 32131

Name

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

400003529174--5

Suite, Apt. #, Etc.

-01/09/01--01028--004

\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12-6-2000

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

Date

Daytime Phone #

904-325-6582