

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 22 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000071378**

1. Corporation Name
Professional Sports Turf, Inc.
32 Parkview Lane
Ormond Beach, FL 32174
Ref-# **P98000071378**

REINSTATEMENT 04

2. Principal Office Address
32 Parkview Lane

3. Mailing Office Address
32 Parkview Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ormond Beach, FL

City & State
Ormond Beach, FL

Zip
32174

Country
Volusia

Zip
32174

Country
Volusia

4. Date Incorporated or Qualified
To Do Business in Florida **1998**

5. FEI Number
59-3530275

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
Session Services, Inc.

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

Suite, Apt. #, Etc.

City
Daytona Beach, FL

State
FL

Zip Code
32174

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 **4/19/04**

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.	Hilary Rowley	32 Parkview Ln.	Ormond Beach, FL 32174
TR.	Zelma Rowley	32 Parkview Ln.	Ormond Beach, FL 32174
Sec.	Ashley Ritchie	32 Parkview Ln.	Ormond Beach, FL 32174

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-11-04 386-671-3403

CR2E081 (01/04)

Memorandum

To: Florida Department Of State,
Glenda Hood, Secretary of State
CC: Barbara Mitchell, Document Specialist
From: Hilary Rowley *HR*
Date: 11/10/2004
Re: Corporation Reinstatement

This memo is to state that I did not receive an Annual Report Notice. The previous year I received the report, but did not pay on time and had to pay a late fee, (total of \$500.00) which I paid. I have paid this invoice every year the corporation has been in effect. This year I did not receive the Annual Report Notice.

On your cover letter, you indicate the reinstatement fee is 750.00.

Division of Corporations has a waiver of \$400.00 if Annual Report was not received.

I am submitting a check for \$350.00 which should cover the fees for reinstatement.

Thank you for your assistance in getting me through this process.

