

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -8 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000090200

1. Corporation Name

SOD UNLIMITED, INC.

200030509192

03/16/04--01037--026 **900.00

REINSTATEMENT

2. Principal Office Address

1542 REALTO DRIVE

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL.

Zip

33436

Country

U.S.

3. Mailing Office Address

1542 REALTO DRIVE

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL.

Zip

33436

Country

U.S.

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

5. FEI Number

65-0880535

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

WILLIE JOHNSON JR.

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

1542 REALTO DRIVE

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33436

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

Willie Johnson

Date 03/05/04

REGISTERED AGENT MUST SIGN

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	WILLIE JOHNSON JR.	1542 REALTO DRIVE	BOYNTON BEACH, FL. 33436
VP	LEMETT JOHNSON	3029 CORTEZ LANE	DELRAY BEACH, FL. 33445
S	JOSEPH NEWSOME	1230 SOUTH "M" STREET	LAKE WORTH, FL. 33460
T	GREGORY JOHNSON	901 NORTH PINE TERRACE	LAKE WORTH, FL. 33460

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:

Willie Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/04

Date

Daytime Phone #

CR2E061 (01/04)