

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 13 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

01-03



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000022507**

1. Corporation Name

Turf Tenders, Inc.

2. Principal Office Address

789 Little Pine Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

789 Little Pine Dr.

Suite, Apt. #, etc.

City & State

South Daytona, FL

Zip

32119

Country

USA

City & State

South Daytona, FL

Zip

32119

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3-11-99

5. FEI Number

59-3573332

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

John R. Gnecco

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

789 Little Pine Dr.

Suite, Apt. #, Etc.

City

South Daytona

State

FL

Zip Code

32119

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

John R. Gnecco

REGISTERED AGENT MUST SIGN

Date **6/10/03**

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. | John R. Gnecco | 789 Little Pine Dr. | So. Daytona, FL 32119 |
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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:

John R. Gnecco

John R. Gnecco, Pres. 6-10-03 386/295-2442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

g 6/13