

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000067376

1. Corporation Name

FARMERS SOD, INC.

Principal Place of Business

2409 TEXAS AVE.
TAMPA FL 33629

Mailing Address

~~2409 TEXAS AVE.~~
~~TAMPA FL 33629~~
LIONEL MARTINEZ
2505 W. VIRGINIA AVE.
TAMPA, FL. 33607

FILED
01 JAN -2 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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

07/23/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3602212

Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LOPEZ, EZEQUIEL	2409 TEXAS AVE.	TAMPA FL 33629

100003533701--2
-01/11/01--01103--016
****750.00 ****750.00

8. Name and Address of Current Registered Agent

LOPEZ, EZEQUIEL
2409 TEXAS AVE.
TAMPA FL 33629

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Ezequiel Lopez
REGISTERED AGENT MUST SIGN

Date NOV 27, 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:

Ezequiel Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EZEQUIEL LOPEZ

NOV. 27, 2000

Date

Daytime Phone #

CR2E040 (8/00)