

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG 25 PM 1:34

DOCUMENT #

1. Corporation Name

Alpha Sod Inc.

P99000095480

2. Principal Office Address

835 Robinson Ct.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Cloud, FL

City & State

Zip

34769

Country

Osceola

Zip

Country

REINSTATEMENT 00-03

4. Date Incorporated or Qualified  
To Do Business in Florida

10-27-99

5. FEI Number

59-3604545

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

Willa M. Cramer

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

835 Robinson Court

Suite, Apt. #, Etc.

City

St. Cloud

State

FL

Zip Code

34769

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

Willa M. Cramer

Date

8/25/03

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
ST-PD	Willa M. Cramer	835 Robinson Court	St. Cloud, FL 34769
VP	RAYMOND E. CRAMER	835 Robinson Court	St. Cloud, FL 34769

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:

Willa M. Cramer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/03

Date

407-892-9815

Daytime Phone #

CR2E081 (10/02)