

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L72141**

1. Corporation Name

**ALL DADE LAWNMOWERS, INC.**

Principal Place of Business

11010 WEST FLAGLER ST  
MIAMI FL 33174

Mailing Address

11010 WEST FLAGLER ST  
MIAMI FL 33174



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/11/1990

5. FEI Number

65-0193479

Applied For

Not Applicable

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	TORRENTE, DAVID F.	<del>11034 W FLAGLER ST</del> 11010 W Flagler St.	MIAMI FL

500023857355  
10/16/03--01059--007 \*\*150.00

10/20

8. Name and Address of Current Registered Agent

TORRENTE, DAVID F.  
11034 W FLAGLER ST  
MIAMI FL 33174

11010 W Flagler St.

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 10-13-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-13-03 (315) 223-7884

CR2E040 (7/03)

# COMMERCIAL ACCOUNTING SERVICES, INC.

---

300 NW 70th AVENUE • SUITE 200  
PLANTATION, FL 33317

TEL: (954) 581-0670  
FAX: (954) 581-6959

October 13, 2003

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: All Dade Lawnmowers, Inc.  
(Document #L72141)

To Whom It May Concern:

Please be advised that our client All Dade Lawnmowers, Inc. had moved their address two years ago from **11034** W. Flagler Street, Miami, Florida to **11010** W. Flagler Street, Miami, Florida and never received their 2003 Annual Report.

When we checked the corporation's information on the Internet, the Registered Agent address was still the old address of **11034** W. Flagler Street, Miami, Florida.

We are therefore respectfully requesting an abatement of any late penalties due to this move. Enclosed please find a check for \$150.00 to reinstate All Dade Lawnmowers, Inc. Thank you for your attention in this matter. If you have any questions please feel free to call my office at 954-581-0670.

Sincerely,

  
Steven Werble, CPA, CVA