

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 15 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 323827

1. Corporation Name

HOMESTEAD MOWER CENTER, INC.

Principal Place of Business

1000 N FLAGLER AVE  
HOMESTEAD FL 33030

Mailing Address

1000 N FLAGLER AVE  
HOMESTEAD FL 33030

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

12/06/1967

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1723872

Applied For

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WILLIAMS, TED	240 N.E. 16 ST.	HOMESTEAD FL
ST	WILLIAMS, SANDRA	240 NE 16 ST	HOMESTEAD FL
VP	WILLIAMS, KEVIN	20321 SW 318ST	HOMESTEAD FL 33030
			200004649532--9 -10/23/01--01032--006 ****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

WILLIAMS, TED F  
240 NE 16TH ST  
HOMESTEAD FL 33030

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

*Ted F Williams* SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/10/01

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:

*Ted F Williams* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/01

Daytime Phone #

305-247-8313

CR2ED40 (8/01)