

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

97 APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **630169**

1. Corporation Name

**WHIRLER-GLIDE MOWER COMPANY, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT 31 AM 10:06

llc  
11/3

Principal Place of Business

16903 LAKESIDE DRIVE  
P.O. BOX 560007  
MONTVERDE FL 34756-7007

Mailing Address

16903 LAKESIDE DRIVE  
P.O. BOX 560007  
MONTVERDE FL 34756-7007



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

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

07/20/1979

5. FEI Number

59-1914218

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PDS	FRANKLIN, GEE GEE	16903 LAKESIDE DR	MONTVERDE FL

200002349662--1  
-11/17/97--01154--023  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

FRANKLIN, GEE GEE  
16903 LAKESIDE DR  
MONTVERDE FL 34756

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

*See See Franklin*

REGISTERED AGENT MUST SIGN

Date

10/29/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*See See Franklin, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/97

Daytime Phone

407/469-2021

CP25040 (8/97)