PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC 14 AM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000003039**

1. Corporation Name

MAGNUM MULCHING MOWERS, INC.

Principal Place of Business	Mailing Address
7269 BEE RIDGE ROAD SARASOTA FL 34241 US	7269 BEE RIDGE ROAD SARASOTA FL 34241 US

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/09/1992

5. FEI Number: 65-0373927 ☐ 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 3	City / State / Zip 4
PD	EDWARDS, JOHN W	1980 S.W. CLEVEL ROAD	ARCADIA FL
EVPS	EDWARD, KAREN P	1980 SW CLEVEL ROAD	ARCADIA FL 34266
TD	EDWARD, KAREN P	1980 SW CLEVEL ROAD	ARCADIA FL 34266
D	Khant, Ranchhod R	50 Bahama Circle	Tampa, FL 33606

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8. Name and Address of Current Registered Agent

HOROWITZ, MITCHELL I ESQ.
FOWLER, WHITE, GILLEN, BOGGS, ET AL
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

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

000003079460--6
-12/23/99--01059--013
****750.00 ****750.00

CR2E040 (9/99)

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: Mitchell I. Horowitz Date: 12/13/99
REGISTERED AGENT MUST SIGN

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: Karen P. Edwards 10/20/99 941-379-5833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Karen P. Edwards

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