

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 7:10

DOCUMENT # **P94000088502**

1. Corporation Name

B & M LAWNMOWER SALES AND SERVICE, INC.

Principal Place of Business

606 S. MARKET AVE.
FT. PIERCE FL 34982

Mailing Address

606 S. MARKET AVE.
FT. PIERCE FL 34982



REINSTATEMENT

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

12/05/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0541034

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	BROWN, WILLIAM B	4909 PALMETTO DR.	FT. PIERCE FL 34982
SD	BROWN, MARTHA J	4909 PALMETTO DR.	FT. PIERCE FL 34982
VD	BROWN, CYNTHIA	3302 S 7TH, APT D	FT PIERCE FL 34982
TD	BROWN, W A	3302 S 7TH ST APT D	FT PIERCE FL 34982
700004668987--6 -11/06/01--01056--005 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

BROWN, WILLIAM B
606 S. MARKET AVE.
FT. PIERCE FL 34982

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

William B Brown
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-17-01 AD

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:

William B Brown
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-17-01

Daytime Phone #

561-466-6912

CR2E040 (8/01)