PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000014288

1. Corporation Name

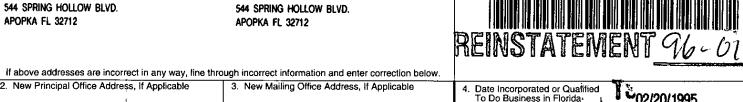
FLORIDA MOWERS, INC.

Principal Place of Business Mailing Address

544 SPRING HOLLOW BLVD.

FILED 01 JUL 25 PH 4: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. New Finicipal Office Address, it Applicable			3. New Mailing Office Address, if Applicable				4. Date Incorporated or Qualified To Do Business in Florida: 02/20/1995			
Suite, Apt. #, etc.			Suite, Apt. #, etc.							
City & State			City & State						Applied For	
1			ony a state			-	88~0386580 Not Applicable			
Zip Country		Zip		Country			TE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer and	d/or Director (Fle	orida nonprofit	corporations must li	ist at least	3 directors)			
Title(s)	Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			City / State / Zip			
∠ D .	RUNFOLA, VINCENT A 5			544 SPRI	544 SPRING HOLLOW BLVD.			APOPKA FL 32712		
•					00			000045275401 -08/03/0101074005		
								***1500.00	***1500.00	
		·								
		-	F					-		
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
RUNFOLA, VINCENT A					Name 		*	<u>.</u> .		
544 SPRING HOLLOW BLVD.					Street Address (P.O. Box Number is Not Acceptable)					
APOPKA FL 32712				Suite, Apt. #, Etc.						
					City			State FL	Zip Code	
10. I, being Signature o Registered	σ	e registered agent of the ab	ove named corp	fil	irius	of the oblig	gations of Secti	on 607.0505, F.S. Date 6-28	3-01	
11. Do	es this c	corporation pay a	any intanç 199.032,	gible tax Florida	to the Statutes.	Yes [□ No 🔀	(See other sid on intan	e for information gible 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 filling 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.

ent A. Runtola 6-28-01 407-880-9700