

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 24 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 926000029612

1. Corporation Name COMMERCIAL MOWERS INC.

2. Principal Office Address

1950 MURRELL RD

Suite, Apt. #, etc.

#6

City & State

ROCKLEDGE, FLORIDA

Zip 32955

Country

U.S.A.

3. Mailing Office Address

4480 PEPPERELL ST

Suite, Apt. #, etc.

City & State

COCOA, FLORIDA

Zip 32926

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3370014

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FL

Zip Code

32301-2525

800029307928
02/24/04-01039-010-***300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>ROY TRAUT</u>	<u>4480 PEPPERELL STREET</u>	<u>COCOA, FLORIDA 32926</u>
<u>-V</u>	<u>JOE FILAKOSKY</u>	<u>4601 ONEIDA STREET</u>	<u>COCOA, FLORIDA 32926</u>

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-04

Date

(321) 633-9991

Daytime Phone #

CR2001 (11/04)

COMMERCIAL MOWERS INC.

1950 Murrell Road Suite #6
Rockledge, Florida 32955
321-633-9991

Department Of State
Division Of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Annual Report-F.E.I.N # 59-3370014

Enclosed Is A Check For \$300.00 For Our 2003-2004 Annual Report. Our Company Did Not Receive Our 2003 or 2004 Annual Report. Should You Have Any Questions Please Call. 321-633-9991

Thank You,

Roy Trout

