

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

98-2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB 15 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PG 7000022738

1. Corporation Name

Lawn Power & Equipment of Central FL, Inc.

2. Principal Office Address

9149 Laws Rd

Suite, Apt. #, etc.

City & State

Clermont, FL

Zip

34711

Country

USA

3. Mailing Office Address

9149 Laws Rd

Suite, Apt. #, etc.

City & State

Clermont, FL

Zip

34711

Country

USA

REINSTATEMENT

98-2000

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 7, 1997

5. FEI Number

59-3429950

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

Albert Bori

000003145220-4

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

9149 Laws Rd

-02/29/00--01100--009

***1058.75 ***1058.75

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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

Albert Bori

REGISTERED AGENT MUST SIGN

Date 2/10/00

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
Pres, Vice Pres, Director	<u>Albert Bori</u>	<u>9149 Laws Rd.</u>	<u>Clermont, FL 34711</u>
Secretary, Treasurer, Director	<u>Debra Bori</u>	<u>9149 Laws Rd.</u>	<u>Clermont, FL 34711</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:

Albert Bori

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00 352-242-1226

Date

Daytime Phone #

CR2E081 (9/99)