

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ADDITIONAL AND FILED

07 JAN -8 AM 11:58 192

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000046095

1. Corporation Name

MOWER MART, INC.

REINSTATEMENT 05-07 73

2. Principal Office Address

5532 AULD LN., HOLIDAY, FL

3. Mailing Office Address

5401 PILOTS PL.

Suite, Apt. #, etc.

5532 AULD LN.

Suite, Apt. #, etc.

City & State

HOLIDAY FL

City & State

NEW PORT RICHEY, FL

Zip

34690

Country

PASCO

Zip

34652

Country

PASCO

4. Date Incorporated or Qualified To Do Business in Florida

5-22-97

5. FEI Number

650830577

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

DAVID J. LUCADANO

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

5532 AULD LN.

Suite, Apt. #, Etc.

City

HOLIDAY FL

State

FL

Zip Code

34690

300085640613

01/23/07--01005--011 \*\*450.00

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 1-4-07

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
P	MAUREEN LUCADANO	5532 AULD LN. HOLIDAY, FL 34690	HOLIDAY, FL 34690
VP	DAVID LUCADANO	5532 AULD LN. HOLIDAY, FL 34690	HOLIDAY, FL 34690
VP	PETER LUCADANO	5532 AULD LN. HOLIDAY, FL 34690	HOLIDAY, FL 34690
SEC	ERNEST LUCADANO	5532 AULD LN. HOLIDAY, FL 34690	HOLIDAY, FL 34690

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 contained in Chapter 119, 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:

*Maureen Lucadano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-07  
Date

727-843-8946  
Daytime Phone #

MOWER MART, INC.  
5532 AULD LN.  
HOLIDAY, FL 34690

202

JANUARY 4, 2007

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
CLIFTON BLDG.  
2661 EXECUTIVE CENTER CR.  
TALLAHASSEE, FL 32301

TO WHOM IT MAY CONCERN;

ENCLOSED IS A REINSTATEMENT FORM FOR MOWER MART, INC. WITH  
A CHECK FOR THE AMOUNT OF \$450.00.

THE RENEWAL WAS NOT MAILED IN DUE TO THE FACT THAT I HAD NOT  
RECEIVED THE PAPERWORK VIA MAIL.

I CALLED THE DIVISION OF CORPORATIONS AND WAS TOLD THAT THE  
PAPERWORK WAS RETURNED UNDELIVERED.

SINCERELY,

*Maureen Lucadano*  
MAUREEN LUCADANO  
PRESIDENT