

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 78

2. Principal Office Address

5532 AULD LN., HOLIDAY, FL

Suite, Apt. #, etc.

5532 AULD LN.

City & State

HOLIDAY FL

Zip

34690

Country

PASCO

3. Mailing Office Address

5401 PLOTS PL.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

Zip

34652

Country

PASCO

CR2E081 (12/05)

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 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
PRESIDENT