

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000047372

1. Corporation Name

CUMBIE'S LAWN & LANDSCAPING, INC.

Principal Place of Business

Mailing Address

1919 HELMS AVENUE
LEESBURG FL 34748

1919 HELMS AVENUE
LEESBURG FL 34748

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1998

5. FEI Number

59-3517783

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	CUMBIE, ROBERT Christopher L. Dasher	1919 HELMS AVENUE	LEESBURG FL 34748
SD	CUMBIE, LINDA Melissa Seaver	1919 HELMS AVENUE	LEESBURG FL 34748

300003515013--2
-12/27/00--01083--001
***750.00 ***750.00

8. Name and Address of Current Registered Agent

CUMBIE, ROBERT
1919 HELMS AVENUE
LEESBURG FL 34748

9. Name and Address of New Registered Agent

Name
Christopher L. Dasher
Street Address (P.O. Box Number is Not Acceptable)
1919 Helms Ave
Suite, Apt. #, Etc.
City
Leesburg
State
FL
Zip Code
34748

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent Christopher L. Dasher
REGISTERED AGENT MUST SIGN

Date 12-11-00

11. 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: Christopher L. Dasher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12-11-00

Daytime Phone #