

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
00 DEC 15 PM 2: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country



REINSTATEMENT *00*

4. Date Incorporated or Qualified To Do Business in Florida **05/22/1998** **SP**
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 <i>Christopher L. Dasher</i>	1919 HELMS AVENUE	LEESBURG FL 34748
SD	CUMBIE, LINDA <i>Melissa Seaver</i>	1919 HELMS AVENUE	LEESBURG FL 34748

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* Date *12-11-00*
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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)(l), 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* *12-11-00*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (6/00)