PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR ~~REINSTATEMENT~~

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

ACCEPTED AND FILED
99 NOV 18 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000065944

1. Corporation Name
District I Mowers Inc.

99 APR

Principal Place of Business	Mailing Address
P.O. Box 1825 Wauchula, Fl. 33873	

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.	P.O. Box 1825 Suite, Apt. #, etc.
City & State	City & State Wauchula, Fl.
Zip / Country	Zip / Country 33873 / Hardee

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☑ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	David J. Dickson	PO. Box 1825 Wauchula, Fl.	Wauchula Fl. 33873
V Pres	James E. Armstrong	309 8th St. Wauchula, Fl.	Wauchula, Fl. 33873
Sec.	Lorraine Dickson	P.O. Box 1825 Wauchula Fl.	Wauchula, Fl. 33873

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****158.75 ****158.75

8. Name and Address of Current Registered Agent

Lorraine Dickson
124 Paldao Acres
Wauchula, Fl. 33873

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E061 (12/98)

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: Lorraine Dickson
REGISTERED AGENT MUST SIGN
Date 11-18-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: Lorraine Dickson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 11-18-99
Daytime Phone #

To whom it may Concern,

We live at 124 Paldao Acres, and we get our mail at P.O. Box 1825 Wauchula, Fl. They sent the annual Renewal to our residential address. We did not receive it.

Lorraine Dicken

11-17-99