

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hoed
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000065944

1. Corporation Name

DISTRICT I MOWERS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1825
WAUCHULA FL 33873

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/1998

5. FEI Number

65-0851144

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| P | DICKSON, DAVID J | P.O. BOX 1825 | WAUCHULA FL 33873 |
| S | DICKSON, LORRAINE | P.O. BOX 1825 | WAUCHULA FL 33873 |
| VP | DICKSON, LORRAINE | PO BOX 1825 | WAUCHULA FL 33873 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DICKSON, LORRAINE
124 PALDAO ACRES
WAUCHULA FL 33873

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Lorraine Dickson

Date

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 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

Daytime Phone #

FILED
03 NOV 17 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



800024743958
11/17/03--01018--025 **150.00

CR2E040 (7/03)

Monday, November 10, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

District I Mowers, Inc.
P.O. Box 1825
Wauchula, FL 33873

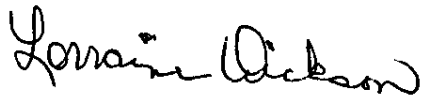
RE: Application for Reinstatement

Dear Sir or Madam:

In reference to the Uniform Business Report I have not received the two previously sent statements at this mail receptacle. Enclosed is our reinstatement form and fee. I sincerely apologize for any inconvenience. Please verify our correct address of P.O. Box 1825, Wauchula, FL 33873 with your records to insure this won't happen again.

Thank you for your considerations in this matter if I can be of any further assistance, please contact me at the address above.

Sincerely yours,



Lorraine Dickson,
Vice-President