

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION  
REINSTATEMENT



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

FILED

01 MAR 15 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000034375

1. Corporation Name

Driver Mower Services, Incorporated

2. Principal Office Address

601 U.S. Hwy 331 S

Suite, Apt. #, etc.

City & State

DeFuniak Springs, FL

Zip

32433

Country

3. Mailing Office Address

601 U.S. Hwy 331 S

Suite, Apt. #, etc.

City & State

DeFuniak Springs, FL

Zip

32433

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4-12-99

5. FEI Number

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

Howard Driver

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

601 U.S. Highway 331 S.

Suite, Apt. #, Etc.

City

DeFuniak Springs

State

FL

Zip Code

32433

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

Howard Driver

REGISTERED AGENT MUST SIGN

Date 3/14/01

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

D

Howard Driver

601 U.S. Hwy 331 S

DeFuniak Springs,  
Florida 32433

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 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:

Howard Driver  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01  
Date

850-892-7800  
Daytime Phone #

CR2E081 (9/00)

CLAYTON J.M. ADKINSON  
ATTORNEY AT LAW  
POST OFFICE BOX 1207  
DEFUNIAK SPRINGS, FLORIDA 32435  
(850) 892-5195  
FAX (850) 892-3013

2052

March 15, 2001

Department of State  
Division of Corporations  
Reinstatement Division  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Driver Mower Services, Incorporated

Dear Sirs:

Enclosed is the original Corporation Reinstatement form for the above referenced corporation together with a check for \$300.00 to cover the reinstatement fees.

Please be advised that this corporation was dissolved involuntarily due to the fact that the corporation never received the application to file its annual report because the address for the corporation as shown on the Articles of Incorporation is the old address which was changed by the 911 system.

If additional information is needed, please advise. Your assistance in this matter is most appreciated.

Sincerely,



Clayton J.M. Adkinson

CJMA:ch