1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JAN 28 AM 9:09

~~CORPORATION~~ REINSTATEMENT

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

01/02 YBR

DOCUMENT # P00000028300

1. Corporation Name

ROWIN & ASSOCIATES INC.

01 02

2. Principal Office Address	**3.** Mailing Office Address
2061 NW 190th Ave	2061 NW 190th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL.	City & State: Pembroke Pines Florida
Zip: 33029 Country: USA	Zip: 33029 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/20/00

5. FEI Number: 65-1102149 ☐ 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: ROHAN MICHAEL ANDERSON

Street Address (P.O. Box Number is Not Acceptable): 2061 NW 190th Ave,

Suite, Apt. #, Etc.:

City: Pembroke Pines State: FL Zip Code: 33029.

500004883335--9
-02/06/02--01048--028
****300.00 ****300.00

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 _____ Date 1/22/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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	ROHAN M. ANDERSON	2061 NW 190th Ave	PEMBROKE PINES FLORIDA 33029
D	WINSOME A. ANDERSON	2061 NW 190th Ave	PEMBROKE PINES FLORIDA, 33029

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: Winsome A. Anderson 01/22/02 954-907-2355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PD

2052

2061 NW 190th Avenue
Pembroke Pines,
Florida, 33029

ROWIN & ASSOCIATES INC.

January 22, 2002

Department of State,
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

Re : Document # 00000028300

Dear Sir or Madam:

Please be advised that our UBR report for 2001 was forwarded to our previous business address. As a result of this the company suffered Admin. Dissolution.

In light of the fact that the none payment of fees was not deliberate but due to a change in address we are asking that the reinstatement fee of $600.00 be waved.

Please find enclosed our check in the amount of $300.00 to cover UBR fees for 2001 and 2002.

We apologize for any inconvenience.

Sincerely,

Winsome Anderson
Director

Company name and type slogan