

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN -2 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V41238**

1. Corporation Name **L.B. ROWE, INC.**

2. Principal Office Address

4521 GEORGIA AVE

Suite, Apt. #, etc.

SUITE B

City & State

WEST PALM BEACH

Zip **33405**
FL

Country

USA

3. Mailing Office Address

S/A

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

1991

5. FEI Number

650331648

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LARRY B. ROWE

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

329 PURITAN RD

Suite, Apt. #, Etc.

400003534044-3

01/12/01-01005-018

*****1650.00 ***1650.00**

City

WEST PALM BEACH

State
FL

Zip Code

33405

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

Larry B. Rowe
REGISTERED AGENT MUST SIGN

Date **12/20/00**

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
PRES.	LARRY ROWE	329 PURITAN RD	W.P.B FL 33405
V.P.	TAMI ROWE	329 PURITAN RD	W.P.B FL 33405

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:

Larry B. Rowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/00 (561) 835 1499

Daytime Phone #

CR2E081 (9/99)