

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 5:14

DOCUMENT # P95000055849

1. Corporation Name

ROWBEAR ENTERPRISES, INC.

Principal Place of Business

Mailing Address

904 SHAGALA DRIVE
SEFFNER FL 33584

904 SHAGALA DRIVE
SEFFNER FL 33584



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

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0593644

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PD	ROBERT, LOUIS F	904 SHAGALA DRIVE	SEFFNER FL 33584

400004669294-9
-11/06/01--01071--006
****150.00 ****150.00

10/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBERT, LOUIS F
904 SHAGALA DRIVE
SEFFNER FL 33584

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

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 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:

Signature and Typed or Printed Name of Signing Officer or Director

10/15/01 (43)661-4479

Date

Daytime Phone #

CR2E040 (8/01)

October 18, 2001

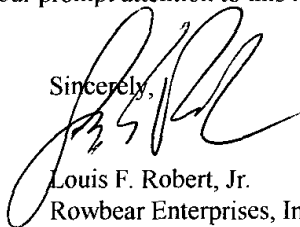
Division Of Corporations
Annual Report/ Reinstatement Section
P.O.Box 6327
Tallahassee, FL 32314-6327

Re: FIE # 65-0593644 Rowbear Enterprises, Inc.

To whom it may concern:

This letter is to verify that I did not receive my annual notice of Corporation Renewal in the previous mailing. I am forwarding the reinstatement application along with the \$150.00 filing fee. Thanks for your prompt attention to this matter.

Sincerely,



Louis F. Robert, Jr.
Rowbear Enterprises, Inc.
904 Shangri-La Dr.
Seffner, FL 33584