

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 28, 2004 8:00 A.M.**  
**Secretary of State**

DOCUMENT # 095000055849

**1. Corporation Name**

Rowbear Enterprises Inc.

000041390020  
09/28/04--01007--002 \*\*300.00

**2. Principal Office Address**

2507 RIVERSIDE DR N.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33602

Country

Hillsborough

**3. Mailing Office Address**

2507 RIVERSIDE DR N.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33602

Country

Hillsborough

**REINSTATEMENT**

03-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/17/95

**5. FEI Number**

650593644

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

Louis F. Robert Jr

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

2507 RIVERSIDE DR N.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33602

**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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9/21/04

**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
<u>PRES.</u> <u>(P)</u>	<u>Louis F. Robert Jr</u>	<u>2507 RIVERSIDE DR N.</u> <u>Tampa</u>	<u>Tampa, FL 33602</u>

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

9/21/04 (813) 223-2235  
(813) 258-8778  
Date Daytime Phone #

CR2E081 (01/04)

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ROWBEAR ENTERPRISES  
INC.

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

Re: Reinstatement of Corporation  
Rowbear Enterprises Inc.  
FEI # 650593644

To whom it may concern:

I would like to request a waiver of the reinstatement fee of the above named corporation due to the fact that when a change of address was requested only the Principal address was changed. The Mailing address was not changed and therefore I did not receive an annual report for the years 2003 or 2004. Enclosed is a check in the amount of \$300.00 as filing fee for both years. Please advise if another change of address form should be filed to correct this matter. Thanks for your prompt attention.

Sincerely,

Louis F. Robert, Jr.  
President

2507 Riverside Dr. N  
Tampa, FL 33602-1841

Phone: 813-223-2235  
Fax: 813-223-2234  
Email: LRobert772@aol.com