

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 JAN 14 PM 1:39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 602366

1. Corporation Name

ALFRED C. BOWEN, P.A.

W00-166

Principal Place of Business

Mailing Address

222 KEY HAVEN ROAD KEY WEST, FL 33040

SAME ADDRESS

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 98-100

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

8/31/1970

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1301277

Applied For Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: PSTD, BOWEN, ALFRED C., 222 KEY HAVEN ROAD, KEY WEST, FL 33040. Includes handwritten numbers 800003105508--2 and dates 01/21/00, 01002-010, and amounts \*\*\*1058.75.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOWEN, ALFRED C. 222 KEY HAVEN ROAD KEY WEST, FL 33040

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

Handwritten signature of Alfred C. Bowen

REGISTERED AGENT MUST SIGN

Date

21 Dec 99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes [ ] No [X]

(See other side for information on intangible tax.)

12. 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:

Handwritten signature of Alfred C. Bowen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 Dec 99

Date

Daytime Phone #