

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 28 PM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 828380

1. Corporation Name

BOWMAN FARMS INC.

2. Principal Office Address

11259 BOWANDA ST. RD.

Suite, Apt. #, etc.

City & State

North Collins N.Y.

Zip

14111

Country

U.S.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida

Incorporated 1965

5. FEI Number

16-0913221

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

LYNN BOWMAN

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

2245 C.R. 78 W

Suite, Apt. #, Etc.

City

La Belle

State
FL

Zip Code
33935

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

LYNN BOWMAN
REGISTERED AGENT MUST SIGN

Date

10/17/05

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
P	LYNN BOWMAN	2245 C.R. 78 W	LaBelle FL. 33935
T	LARRY BOWMAN	11327 BOWANDA ST. RD.	North Collins N.Y. 14111
S	BRUCE BOWMAN	1969 Mktfrip Rd.	North Collins, N.Y. 14111

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

LARRY BOWMAN

Date

10-17-05 (716) 583-3588

Daytime Phone #