

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

1996 DEC 16 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002587**

1 Corporation Name

LINDA JOWERS & ASSOCIATES, P.C.

| | |
|---|---|
| Principal Place of Business 11-R WEST 23RD ST. PANAMA CITY FL 32405 | Mailing Address 11-R WEST 23RD ST. PANAMA CITY FL 32405 |
|---|---|



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

| | | | | | |
|--|--|--|--|---|--|
| 2. New Principal Office Address, If Applicable 9851 THOMAS DRIVE Suite, Apt. #, etc. SUITE # 209 City & State PANAMA CITY BEACH, FL Zip 32408 Country USA | | 3. New Mailing Office Address, If Applicable 9851 THOMAS DRIVE Suite, Apt. #, etc. SUITE # 209 City & State PANAMA CITY BEACH, FL Zip 32408 Country USA | | 4. Date Incorporated or Qualified To Do Business in Florida 05/26/1995 | |
| | | 5. FEI Number 63-0985491 | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for 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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
| P | JOWERS, LINDA | 101 WINDWARD CT. | PANAMA CITY BEACH FL |
| | | | 100002031991-8 -12/18/96--01017--024 ****175.00 ****175.00 |
| | | | 100002031991--8 -12/18/96--01017--025 ****200.00 ****200.00 |
| | | | |
| | | | |
| | | | |

REINSTATEMENT *attest*
12/17/96

| | | | |
|---|--|---|--|
| 8. Name and Address of Current Registered Agent JOWERS, LINDA 11 WEST 23RD ST. PANAMA CITY FL 32405 | | 9. Name and Address of New Registered Agent Name LINDA JOWERS LEASE Street Address (P.O. Box Number is Not Acceptable) 9851 THOMAS DRIVE Suite, Apt. #, Etc. SUITE # 209 City PANAMA CITY BEACH State FL Zip Code 32408 | |
|---|--|---|--|

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 *Linda Jowers (Lease)* Date **9/26/96**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (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: *Linda Jowers (Lease)* **9/26/96** (904) **234-0033**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #