

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # H55752

1. Corporation Name

J. Fowler, Incorporated

2. Principal Office Address

8808 Venture Cove

Suite, Apt. #, etc.

St 101

City & State

Tampa, FL

Zip 33637

Country

Hills.

3. Mailing Office Address

8808 Venture Cove

Suite, Apt. #, etc.

St 101

City & State

Tampa, FL

Zip

33637

Country

Hills.

REINSTATEMENT 00-01

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

5/7/85

5. FEI Number

59-2523556

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

Joseph C. Fowler

700003796357-9

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

18708 Hanna Road

03/02/01-01079-024

****900.00 ****900.00

Suite, Apt. #, Etc.

Lutz, FL 33549

City

State
FL

Zip Code

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

Joseph C. Fowler

REGISTERED AGENT MUST SIGN

Date 2/13/01

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
PD	<u>Joseph C. Fowler</u>	<u>18708 Hanna Road</u>	<u>Lutz, FL 33549</u>
SD	<u>Betty A. Fowler</u>	<u>18708 Hanna Road</u>	<u>Lutz, FL 33549</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:

Joseph C. Fowler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/13/01

Daytime Phone #

813-989-0500

CR2E081 (9/00)