

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 DEC -8 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J42414

1. Corporation Name

Vowells Downtown, Inc.

2. Principal Office Address

50 E. Garden St

Suite, Apt. #, etc.

City & State

Pensacola FL

Zip

32502

Country

USA

3. Mailing Office Address

50 E. Garden St

Suite, Apt. #, etc.

City & State

Pensacola FL

Zip

32502

Country

USA

**REINSTATEMENT**

02-042

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2729022

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

Rex E. Vowell

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

3865 Potosi Rd

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32504

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

R. S. Vowell

Date 12/6/04

REGISTERED AGENT MUST SIGN

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	Mary R. Vowell	3035 Windermere Dr	Pensacola FL 32503
V	Michael D. Vowell	1237 Tamara Dr	Pensacola FL 32504
T/S	Rox E. Vowell	3865 Potosi Rd	Pensacola FL 32504
M	John T. Roberts, Jr	7005 Woodlax Dr	Pensacola FL 32503

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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:

R. S. Vowell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/04 850-438-7831

Date

Daytime Phone #

CR2E081 (07/04)