

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J 82549

1. Corporation Name

Rowe Structures, Inc

2. Principal Office Address

2175 9th Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Zip

34237

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7-13-87

5. FEI Number

59-2830247

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

Robert W. Rowe

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

2175 9th Street

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34237

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

Date

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
D	Robert W. Rowe	2175 9th St	Sarasota, FL 34237

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

Robert W. Rowe 2-26-04 941-951-0595

Date

Daytime Phone #

FILED

04 MAR -8 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-04

200029876082
03/04/04--01031--011 **750.00

CR2E081 (10/02)

Rowe Structures Inc.

February 19, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

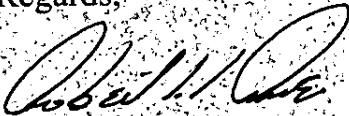
To Whom It May Concern:

Please accept our application for reinstatement and a check for annual fee for the years 2000, 2001, 2002, 2003, and 2004.

It was brought to my attention recently that our corporate filing J82549 was inactive. During the year 1999 we moved our office location and from that date on we never received a notice to file the annual return.

I respectfully request waiver of all penalties as there was no intent to avoid the annual fee.

Regards,



Robert W. Rowe
President