

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # M49337

1. Corporation Name
BOWEN MEDICAL SERVICES, INC.

Principal Place of Business
1525 N. OHIO AVE.
SUITE 105
LIVE OAK FL 32060
US

Mailing Address
6701 S.W. 82ND AVENUE
MIAMI FL 33143
US 1525 OHIO AVE. N.
LIVE OAK, FL 32060

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/30/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 59-2792054

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a 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
PO	BOWEN, THOMAS M.	6701 S.W. 82ND AVE 1525 OHIO AVE N LIVE OAK, FL 32060	MIAMI FL LIVE OAK
D	BOWEN, THERESA C.	6701 S.W. 82ND AVENUE 1525 OHIO AVE N LIVE OAK, FL 32060	MIAMI FL LIVE OAK

900002346679--1
-11/13/97--01083--004
****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOWEN, THOMAS M.

~~6701 S.W. 82ND AVE~~ 1525 OHIO AVE N
~~MIAMI FL 33143~~ LIVE OAK, FL 32060

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Thomas Bowen
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/12/97

(2)

I had moved from Miami following Hurricane Andrew and left my In-law address. I have tried to get this changed on several occasions.

The only notice I have received is the re-instatement form and need to get my mail sent to proper address so I can comply with all regulations.

Thomas Jordan