

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N03000008599

1. Corporation Name

FRANK E. LOWE CHILDREN'S CHARITABLE EVENT FUND, INC.

REINSTATEMENT *09-13*

2. Principal Office Address - No P.O. Box #

10801 DESOTO RD.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box ~~208~~ 918

Suite, Apt. #, etc.

City & State

RIVERVIEW FL

City & State

Riverview FL

Zip

33569

Country

USA

Zip

33568

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
09/29/2003

5. FEI Number  
300265339

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

David G. Watson

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

913 Allegro Lane

Suite, Apt. #, Etc

Apollo Beach FL 33572

City

Brandon

State

FL

Zip Code

33509

100244472101  
02/07/13--01030--012 \*\*181.25

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 2-4-13

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
Dir	David Watson	913 Allegro	Apollo Beach FL 33572
officer	Frank Lowe	PO Box 214	Brandon FL 33509
officer	John Austin	John 2410 Chesapeake Dr Valrico	Valrico FL 33596
officer	Robert Steele	4610 Preston Woods Dr	Valrico, FL 33596
officer	Robby Marshall	1403 Venning Dr	Ruskin FL 33573

10. E-mail Address: Boatseawitch@aol.com

(To be used for future annual report notification)

MAR - 8 2013

11. 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 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David G. Watson

2-4-13

Date

813 404 1244

Daytime Phone #

BUTLER