

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 700000053689  
**1. Entity Name**  
 Bowe's Flowers & Gifts, Inc.

**FILED**  
**Apr 12, 2002 8:00 A.M.**  
**Secretary of State**

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 311 Palm Avenue Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. Box 4 Suite, Apt. #, etc.	
<b>City &amp; State</b> Boca Grande, FL		<b>City &amp; State</b> Boca Grande, FL	
<b>Zip</b> 33921	<b>Country</b> USA	<b>Zip</b> 33921	<b>Country</b> USA

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-1012361	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** Harold Bowe

**Street Address (P.O. Box Number is Not Acceptable)**  
311 Palm Avenue

**City** Boca Grande **FL** **Zip Code** 33921

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE**   
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> <small>(See criteria on back)</small>	<b>January 1 - May 1, Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> President	<b>NAME</b> Tracy Bowe	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 311 Palm Avenue	<b>STREET ADDRESS</b> Boca Grande, FL 33921	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b> Boca Grande, FL 33921	<b>CITY-ST-ZIP</b> Boca Grande, FL 33921	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> VP, T, S	<b>NAME</b> Harold Bowe	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 311 Palm Avenue	<b>STREET ADDRESS</b> Boca Grande, FL 33921	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b> Boca Grande, FL 33921	<b>CITY-ST-ZIP</b> Boca Grande, FL 33921	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>

**DO NOT WRITE  
IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **4-9-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #**

1. Corporation Name

Bowe's Flowers & Gifts

2. Principal Office Address

311 Palm Avenue

Suite, Apt. #, etc.

City & State

Boca Grande, FL

Zip

33921

Country

USA

3. Mailing Office Address

P.O. Box 4

Suite, Apt. #, etc.

City & State

Boca Grande, FL

Zip

33921

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/2/2000

5. FEI Number

65-1012361

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

Harold J. Bowe

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

311 Palm Avenue

Suite, Apt. #, Etc.

City

Boca Grande

State

FL

Zip Code

33921

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

*Harold J. Bowe*

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
P	Tracy Bowe	311 Palm Avenue	Boca Grande, FL 33921
VP, T, S	Harold Bowe	311 Palm Avenue	Boca Grande, FL 33921

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:

*Harold J. Bowe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-9-02

Daytime Phone #

CP2E081 (8/01)

**BOWE'S FLOWERS & GIFTS, INC.**  
**311 PALM AVENUE**  
**P.O. BOX 4**  
**BOCA GRANDE, FL 33921**  
**(941) 964-0549**

April 9, 2002

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

To Whom It May Concern:

I have recently been informed, while trying to obtain health insurance quotes, that my business was administratively dissolved as of September 21, 2001.


I looked into this matter and discovered that my company has not received a Uniform Business Report this year nor last year being the first year in business.

Upon calling the Department of State, I was informed that an incorrect mailing address was on file and this may explain the error.

Please find enclosed an application for reinstatement and Uniform Business Report along with a check for \$300.

Thank you for your assistance with this matter.

Sincerely,

  
Harold Bowe  
Vice-President