PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDATION FOR THE HARRIS

FILED

APPLICATION FOR REINSTATEME

DOCUMENT # P0000076801

1. Corporation Name FOWEL RUN, INC. Principal Place of Business Mailing Address					01 1	10V 29 AM 9	44		
					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
					HLLF	(1)40000,10000	D.T.		
			TERR. NORTH BURG FL 33704-1052						
	e addresses are incorrect in any way, line Principal Office Address, If Applicable		information and ente ling Office Address,		Date Incorporated or Qualified				
Suite, Apt. #, etc. Suite, Apt. #			ŧ, etc.		To Do Business in Florida 08/14/2000				
City & State City & State					5. FEI Number Applied For Not Applicable				
ZipZip					6. CERTIFICATE OF STATUS DESIRED 6 58.75 Additional Fee required for a Certificate of Status				
7. Name	es and Street Addresses of Each Officer a	nd/or Director (Flo	orida nonprofit corpo	orations must list at le	ast 3 directors)				
Title(s) Name of Officers and/or Directors			9	Street Address of Eac Officer and/or Directo	h	City / State / Zip			
D	MILANESE, TRACY	MILANESE, TRACY		1223 - 36TH TERR. NORTH		ST. PETERSBURG FL 33704			
								···	
			6000047405265 -12/27/0101016011 ****150.00 ****150.00					55 011 *150.00	
Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent			
JONES, ROBERT J ESQ. 6500 CENTRAL AVE.				Street Address (P.O/ Box Number is Not Acceptable) 1 2 2 3 36 7 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8					
	ETERSBURG FL 33707-		Suite, Apt. #, Etc						
				St Per	ters burg		State Zip Code	704	
10. I, bei	ing appointed the registered agent of the a	bove named corp	oration, am familiar ,			ion 607.0505, F.S.		,	
Signature Registere	ed Agent	HEGISTERED AG	O NO D	<u> </u>		Date 10 \1	1005 d		
this re owed	ify that I am an officer or director or the rec einstatement application, the reason for did by the corporation have been paid and th is application is true and accurate, and my	ssolution has beer e names of individ	eliminated, the con luals listed on this for	porate name satisfies orm do not qualify for	the requirements an exemption un	of section 607.0401 or 6	317.0401, F.S., th	at all fees	
SIGNA	ATURE: Sacy 4	Milan	eől II	ngas as. Digʻilo		10/16/200	, N	16	
	SIGNATURE AND TYPED OR F	RINTED NAME OF:	SIGNING OFFICER OF	DIRECTOR		Date	Daytima Phone	. I	

Irving B.

Bernheim, CPA,PA

(727)821-6278 ax(727)565-0126

735 Arlington Avenue North Suite 104 St. Petersburg, FL 33701

October 16, 2001

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

RE: Towel Run, Inc.

Document # P0000076801

Dear Sir or Madam:

I am writing at the request of corporation named above.

Enclosed is a check for \$150, representing the annual report fee for the year 2001.

We respectfully request that you not charge a penalty based upon reasonable cause: This corporation was incorporated in August 2000. The form for the uniform business report for the year 2001 was never received by the corporation. The shareholder and officers of the corporation basically were unaware of the filing deadline because the form was not received. Also contributing to the confusion was the fact that this is the first report for this corporation.

Upon receiving the late notice, they immediately issued a check for the annual for the fee.

Thank you for your consideration in this matter.

Yours very truly.

Irving Bernheim