

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DOCUMENT # P00000086836

1. Corporation Name

B.K. LOWE, INC.

2. Principal Office Address

2015 LAKEPOINT DR

Suite, Apt. #, etc.

3. Mailing Office Address

2015 LAKEPOINT DR

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33326

Country

City & State

WESTON, FL

Zip

33326

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/13/2000

5. FEI Number

65-1049089

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

NANGI S. LANDY, ESQ.

~~JOSEPH H. X. VANDERSCHEER, JR., ESQ.~~

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

2700 S COMMERCE PKWY, STE 305

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33331

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

REGISTERED AGENT MUST SIGN

Date

11/14/01

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	BEN LOWE	2015 LAKEPOINT DR	WESTON, FL 33326
V	KATHLEEN LOWE	2015 LAKEPOINT DR	WESTON, FL 33326

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

Date

11/14/01

Daytime Phone #

954-476-5055

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Members of the American Institute of Certified Public Accountants  
Mississippi Society of Certified Public Accountants  
Tennessee Society of Certified Public Accountants  
Texas Society of Certified Public Accountants

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

RE: B.K. Lowe, Inc.  
Document #P00000086836

Dear Sir or Madam:

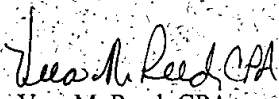
We are corresponding on behalf of our client, B.K. Lowe, Inc., regarding a notice of corporate dissolution effective September 21, 2001, due to failure to file the 2001 Uniform Business Report. Our client incorporated in Florida on September 13, 2000, but actually began his business operations in March, 2001. As a new business owner, our client was not aware that the Uniform Business Report was due to be filed by May, 1, 2001, as he had only recently begun his operations.

The notice of dissolution was the first notification our client received that a report must be filed. As the failure to file timely was not an attempt to avoid payment of taxes nor a blatant disregard of filing requirements, we respectfully request that all late fees associated with this filing be waived. In anticipation of a fee waiver, we have enclosed a check for the normal filing fee of \$150 and the form for Corporation Reinstatement. After your review of this account, please issue a notice to our client reflecting the updated status of his account.

If you should have any questions or comments, please feel free to contact me directly at 601.947.4278. Thank you in advance for your assistance with this matter.

Sincerely,

HORNE CPA GROUP

  
Vera M. Reed, CPA  
Manager

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