

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000087373

1. Corporation Name

DOWCO ONE OF FLORIDA, INC.

Principal Place of Business

~~26 8TH ST~~ 105 BEACH DR.,  
SHALIMAR FL 32579 STE B-3

Mailing Address

~~26 8TH ST~~ P.O. BOX 4001  
SHALIMAR FL 32579

FT. WALTON BCH, FL 32547

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

2. New Principal Office Address, If Applicable

105 BEACH DR. STE B3

Suite, Apt. #, etc.

FT WALTON BCH FL

City & State

Zip  
32547

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

P.O. BOX 4001

City & State

SHALIMAR FL 32579

Zip

32579

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/14/2000

5. FEI Number

59-3676058

Applied For

Not Applicable

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	4 City / State / Zip
D	DOWDEN, MIDDLETON L	<del>26 8TH ST</del> 105 BEACH DR. STE B3	SHALIMAR FL 32579 FT. WALTON BCH FL 32547

500008810165  
11/05/02--01085--021 \*\*150.00

8. Name and Address of Current Registered Agent

DOWDEN, MIDDLETON L

~~26 8TH ST~~

SHALIMAR FL 32579

9. Name and Address of New Registered Agent

Name

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

105 BEACH DR. STE B-3

Suite, Apt. #, Etc.

~~FT WALTON BCH~~ B-3

City

FT WALTON BCH

State

FL

Zip Code

32547

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Middleton L. Dowden*  
REGISTERED AGENT MUST SIGN

Date 10-23-02

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 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.

MIDDLETON L. DOWDEN

SIGNATURE:

*Middleton L. Dowden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02

Date

Daytime Phone #

CR2E040 (8/02)

1  
**DOWCO**  
of Florida

Specializing in Boundary, Platting and Topographic Land Surveys


October 23, 2002

Department of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Dear Sir or Madam:

We have no record of having ever received any URB Notices. The enclosed form has the wrong street address and the wrong mailing address for this company. It mailed to the correct mailing address: P.O. Box 4001, Shalimar, FL 32579. I feel they may have been sent to the wrong address. I request a waiver of the penalty and the reinstatement of the corporation. Enclosed is our check for \$150 for the filing fee.

Sincerely,



Middleton L. Dowden  
As President