

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 MAR 14 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO10000 23906

1. Corporation Name

1406 Fowler Corporation

2. Principal Office Address

1402 E. Fowler Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

515 Springtown Way

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33612

Country

U.S.A.

City & State

San Marcos, Texas

Zip

78666

Country

U.S.A.

REINSTATEMENT

02-05

MRS

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/01

5. FEI Number

59-3703012

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

Charlie Chen

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

1402 E. Fowler Ave.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33612

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

Charlie Chen

Date

3-9-05

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
Pres.	<u>Wen Lyng Chen</u>	<u>1402 E. Fowler Ave.</u>	<u>Tampa, FL 33612</u>

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03/21/05-01004-010 **1209.75

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:

Wen Lyng Chen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-05

Date

909-569

2788

Daytime Phone #

CR2E081 (01/05)