

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000029069

**FILED**  
**Sep 14, 2012**  
**Secretary of State**

**Entity Name:** FOWLER VENTURES, INC.

**Current Principal Place of Business:**

2539 RUSSELL RD  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

**Current Mailing Address:**

2539 RUSSELL RD  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

**FEI Number:** 59-3658075

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOWLER, WILLIAM  
2539 RUSSELL RD  
GREEN COVE SPRINGS, FL 32043 US

**Name and Address of New Registered Agent:**

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:** WILLIAM FOWLER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** FOWLER, WILLIAM  
**Address:** 2539 RUSSELL RD  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043

**Title:** D  
**Name:** FOWLER, PAMELA  
**Address:** 2539 RUSSELL RD.  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** WILLIAM FOWLER

D

09/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date