

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION
FOR

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000033050

1. Corporation Name

TY BOWIE ENTERPRISES INC.

FILED

02 NOV 18 PM 5:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1905 ALBERT LEE PKWY.
WINTER PARK FL 32789

Mailing Address

1905 ALBERT LEE PKWY.
WINTER PARK FL 32789



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

2. New Principal Office Address, If Applicable

608 FAITH TERRACE

Suite, Apt. #, etc.

City & State

MAITLAND, FL

Zip
32751

Country
U.S.A.

3. New Mailing Office Address, If Applicable

608 FAITH TERRACE

Suite, Apt. #, etc.

City & State

MAITLAND, FL

Zip
32751

Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/2001

5. FEI Number

59-3707194

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BOWIE, TYRONE R	1905 ALBERT LEE PKWY.	WINTER PARK FL 32789
P/S/T	Bowie, Tyrone R	608 FAITH TERRACE	MAITLAND, FL 32751

8. Name and Address of Current Registered Agent

BOWIE, TYRONE R
1905 ALBERT LEE PKWY.
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name BOWIE, Tyrone R
Street Address (P.O. Box Number is Not Acceptable)
608 FAITH TERRACE
Suite, Apt. #, Etc.
AA
City MAITLAND
State FL Zip Code 32751

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-27-02

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-02 407-383-6776

Date

Daytime Phone #

CR2E040 (8/02)

202

November 02, 2002

Dear Sir or Madam:

This letter is to inform you that I had not received the Uniform Business Report and as a result my reinstatement dues are tardy. Enclosed is the completed application along with a check in the amount of \$150.00 for reinstatement. Please let me know if there is anything else that I can do to assist in this matter. I can be conveniently reached at 407-383-6776 during normal business hours. I appreciate your assistance and I apologize for the inconvenience. Have a great day!

Kindest Regards,



Ty Bowie
Director, Officer