

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

04 JUN -7 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000033522

1. Corporation Name

FOWI, INC.

15657 S. DIXIE HIGHWAY

REINSTATEMENT 02-04

000036961430  
05/20/04--01047--005 \*\*300.00

2. Principal Office Address

15657 S. DIXIE HIGHWAY

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33157

Country

MIAMI-DADE

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 04/03/2001

5. FEI Number

52-2307843

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

TIM ULMEN

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

15657 S. DIXIE HIGHWAY

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

000036961430  
06/11/04--01009--021 \*\*158.75

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

Date

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
PSTD	TIM ULMEN	15657 S. DIXIE HIGHWAY	MIAMI, FLORIDA 33157

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

Daytime Phone #

5-18-4 305-252-6424

CR2E081 (01/04)

**Dear,**

**Corporation Reinstatement**

**I would like to explain my situation. We, Fowi, Inc. had a manager that didn't file our yearly reports for our corporation. He had all the mail going to his personal address and we were unaware that our yearly reports were not being sent or filed. I am very upset about this, I thought we had a person we could trust and he didn't take care of many other things so that I am now cleaning up many administrative issues.**

**Please accept my check for \$300, \$150 for each year to get the corporation active status again as soon as possible. Please contact me if you have any questions or information. The correct address for the corporation is 15657 S. Dixie Hwy, Miami, FL 33157**

**Thanks,  
Tim Ulmen**

**786-290-9202  
305-252-6434**

**Fowi, Inc.  
15657 S. Dixie Hwy  
Miami, FL 33157**