

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 20 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000042869**

1. Corporation Name

**Joshua L. Bowles**

**400024889364**  
11/20/03--01063--001 \*\*150.00

**REINSTATEMENT 03**

2. Principal Office Address

**6504-67th St. E**

Suite, Apt. #, etc.

3. Mailing Office Address

**6504-67th St. E**

Suite, Apt. #, etc.

City & State

**Palmetto, FL**

City & State

**Palmetto, FL**

Zip

**34221**

Country

**USA**

Zip

**34221**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**4-27-2001**

5. FEI Number

**651088558**

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

**James M. Nixon, II**

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

**4905 Manatee Ave. W**

Suite, Apt. #, Etc.

City

**Bradenton**

State  
**FL**

Zip Code

**34209**

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

**James M. Nixon, II**

Date **11-19-03**

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
<b>D</b>	<b>Joshua Bowles</b>	<b>6504-67th St. E</b>	<b>Palmetto, FL 34221</b>

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:

**Josh Bowles**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11-19-03 941-807-2888**

Daytime Phone #

CR2E081 (10/02)

November 19, 2003

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: Joshua L. Bowles, Inc.  
FEIN: 651088558

To whom it may concern:

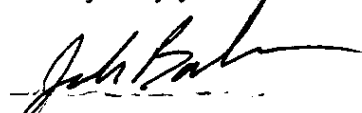
While attempting a refinance within my business, it was discovered that my corporation was inactive. Apparently the change of address that I submitted was not processed; therefore I did not receive the corporation renewal.

Please accept the attached Corporation Reinstatement Form and check for \$150.00 to reinstate above referenced corporation.

I have included the correct mailing address on the Corporations Reinstatement Form.

If you have any questions, you may contact me directly at 941-807-2888.

Very truly yours,

  
Joshua L. Bowles