

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0100Q084902

1. Entity Name
LOWE ENTERPRISE OF FORT MYERS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAR -2 AM 11:29

REINSTATEMENT

06-07



01192007 REIN-P CR2E098 (1/07)

Principal Place of Business 3949 EVANS AVE., #205 #403 FT. MYERS, FL 33901 4309 NW 20th TERRACE CAPE CORAL, FL 33993		Mailing Address 3949 EVANS AVE., #205 #403 FT. MYERS, FL 33901 4309 NW 20th TERRACE CAPE CORAL, FL 33993	
2. Principal Place of Business - No P.O. Box # 4309 NW 20th TERRACE Suite, Apt. #, etc. 403		3. Mailing Address 4309 NW 20th TERRACE Suite, Apt. #, etc. 403	
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL	
Zip 33993	Country USA	Zip 33993	Country USA

4. FEI Number 65-1135326	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOWE, PHIL 3949 EVANS AVE., #205 #403 FT. MYERS, FL 33901		7. Name and Address of New Registered Agent Name LOWE, PHIL Street Address (P.O. Box Number is Not Acceptable) 4309 NW 20th TERRACE City CAPE CORAL FL Zip Code 33993	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Phil O. Lowe 2-26-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWE, PHIL 3949 EVANS AVE., #403 FT. MYERS, FL 33901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900092219399 03/12/07--01015--003 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phil O. Lowe 2-26-07 239-850-3665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #