

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000105735**

1. Corporation Name

Lowenstine Enterprises, Inc.

2. Principal Office Address

14551 Hickory Hill Ct.

Suite, Apt. #, etc.

Unit 114

City & State

Fort Myers, Florida

Zip

33912

Country

Lee

3. Mailing Office Address

14551 Hickory Hill Ct.

Suite, Apt. #, etc.

Unit 114

City & State

Fort Myers, Florida

Zip

33912

Country

Lee

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-1-2001

5. FEI Number

65-1154373

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

FILED

94 DEC -9 PM 4:30

SECRET
TALLAHASSEE, FLA.

200062044142
12/09/05--01045--007 **8.75

200062044142
12/09/05--01045--006 **900.00

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name

James Larry Nichols, P.A.

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

8191 College Parkway, Suite 204

Suite, Apt. #, Etc.

Suite 204

City

Fort Myers

State

FL

Zip Code

33919

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 Larry Nichols
REGISTERED AGENT MUST SIGN

Date

12-8-05

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
DPTS	Don M. Lowenstine	14551 Hickory Hill Ct Unit 114	Fort Myers, FL 33912

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:

Don M. Lowenstine
Don M. Lowenstine, President

12-08-05

Date

239-768-2564

Daytime Phone #