

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jin Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 16 AM 8:01

DOCUMENT # P01000105735

1. Corporation Name

LOWENSTINE ENTERPRISES, INC.

Principal Place of Business

14551 HICKORY HILL COURT
UNIT 114
FORT MYERS FL 33912

Mailing Address

14551 HICKORY HILL COURT
UNIT 114
FORT MYERS FL 33912

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/2001

5. FEI Number

65-1154373

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LOWENSTINE, DON M	14551 HICKORY HILL COURT #114	FORT MYERS FL 33912

000009522000
12/16/02--01044--005 **150.00

8. Name and Address of Current Registered Agent

NICHOLS, JAMES L
8191 COLLEGE PARKWAY
SUITE 204
FORT MYERS FL 33919

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

12-12-02

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

Date

12-11-02

Daytime Phone #

CR2EN40 (8/02)

DON M. LOWENSTINE
LOWENSTINE ENTERPRISES, INC.
14551 Hickory Hill Court #114
Fort Myers, Florida 33912

December 11, 2002

ATTN: REINSTATEMENT SECTION
Secretary of State
~~Division of Corporations~~
P.O. Box 6327
Tallahassee, FL 32314

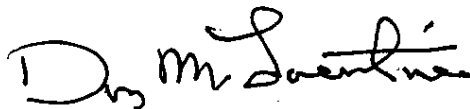
NAME OF CORPORATION:	LOWENSTINE ENTERPRISES, INC.
CHARTER NUMBER:	P01000105735
DATE OF INCORPORATION:	NOVEMBER 1, 2001
PRINCIPAL PLACE OF BUSINESS:	14551 HICKORY HILL COURT #114 FORT MYERS, FL 33912

I recently received in the mail a Certificate of Administrative Dissolution or Revocation from your section. This action came as a complete surprise, since I never received the annual report form for the above corporation.

I am at a loss to know why I did not receive the annual report. The address shown on the application for reinstatement is correct, so the forms should have been delivered to this address which is the principal place of business of the corporation. I think of myself as a good, organized business person, and I surely would have taken care of filing the report in a timely manner had it been received by me.

Under the circumstances, I requested that my attorney call your office to learn whether there was a possibility of a waiver on the large fees that are required for me to reinstate my corporation. My attorney was advised by one of your staff to have me send a letter explaining what occurred along with a check for \$150, and the completed application. Accordingly, the completed application and check are enclosed with this letter.

I respectfully request that your section waive the fees over and above the required \$150, and that my corporation be allowed to be reinstated to a good standing status. If you require any further information, please advise. Otherwise, I sincerely thank you for your consideration of this request.



Don M. Lowenstine, President
LOWENSTINE ENTERPRISES, INC.