


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT-# P02000058618</b> 1. Entity Name <b>T. BOWER ENTERPRISES INC.</b>						<b>FILED</b> <b>06 OCT 18 PM 12:42</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>111 APPALOSSA HILL RD POLK CITY, FL 33868</b>				Mailing Address <b>1824 PEARCE RD POLK CITY, FL 33868</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>BOWER, CATHY 1824 PEARCE RD POLK CITY, FL 33868</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number <b>75-3082431</b>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
<b>FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>V</b> <input type="checkbox"/> Delete NAME <b>BOWER, CATHY</b> STREET ADDRESS <b>111 APPALOSSA HILL RD</b> CITY-ST-ZIP <b>POLK CITY, FL 33868</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>800080953968</b> STREET ADDRESS <b>10/18/06--01040--010</b> CITY-ST-ZIP <b>**750.00</b>			
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>BOWER, TODD</b> STREET ADDRESS <b>111 APPALOSSA HILL RD</b> CITY-ST-ZIP <b>POLK CITY, FL 33868</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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.							
<b>SIGNATURE:</b> <i>Cathy Bower</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>10/12/06</b> Daytime Phone # <b>863 984-3050</b>			