

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED


04 OCT 15 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 09



10042004 REIN-P CR2E098 (6/04)

<b>DOCUMENT # P04000000189</b>					
1. Entity Name J.D. LOWRY, INC.					
Principal Place of Business 217 SUNNY ACRES ROAD DAVENPORT, FL 33837			Mailing Address 217 SUNNY ACRES ROAD DAVENPORT, FL 33837		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent  LOWREY, JOHN S 217 SUNNY ACRES ROAD DAVENPORT, FL 33837				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>x John D Lowry</i> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>FILE NOW!!! FEE IS \$900.00</b>					
<b>TAXPAYERS COPY</b>					
10. OFFICERS AND DIRECTORS					
TITLE	D	LOWRY, JOHN D		Campbell & Associates Certified Public Accountants Haines City, Florida	
NAME		217 SUNNY ACRES ROAD		[Change] [Addition]	
STREET ADDRESS		DAVENPORT, FL 33837		[Change] [Addition]	
CITY-ST-ZIP				[Change] [Addition]	
TITLE				[Change] [Addition]	
NAME				[Change] [Addition]	
STREET ADDRESS				[Change] [Addition]	
CITY-ST-ZIP				[Change] [Addition]	
TITLE				[Change] [Addition]	
NAME				[Change] [Addition]	
STREET ADDRESS				[Change] [Addition]	
CITY-ST-ZIP				[Change] [Addition]	
TITLE				[Change] [Addition]	
NAME				[Change] [Addition]	
STREET ADDRESS				[Change] [Addition]	
CITY-ST-ZIP				[Change] [Addition]	
TITLE				[Change] [Addition]	
NAME				[Change] [Addition]	
STREET ADDRESS				[Change] [Addition]	
CITY-ST-ZIP				[Change] [Addition]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>x John D Lowry</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					

*7-File & appl for refile*

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10/15/04--01039--003 \*\*\$900.00