

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000114351

1. Corporation Name

STEPHEN FOWLER, INC

2. Principal Office Address - No P.O. Box #

2727 ANZIO CT

3. Mailing Office Address

Suite, Apt. #, etc.

305

City & State

PALM BEACH GARDENS

Zip

33410

Country

USA

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

STEPHEN FOWLER

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

2727 ANZIO CT

Suite, Apt. #, Etc.

305

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

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

Stephen Fowler
REGISTERED AGENT MUST SIGN

Date 11-3-08

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
P	STEPHEN FOWLER	2727 ANZIO CT	PALM BEACH GARDENS, FL

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 contained in Chapter 119, 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:

Stephen Fowler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-3-08

Daytime Phone #

FILED

08 NOV -5 AM 11:18

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

800137671268
11/05/08--01034--016 **300.00

REINSTATEMENT 07-08
CR2E081 (10/08)

4. Date Incorporated or Qualified

To Do Business in Florida 9/05/2006

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.