

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
10 JAN -8 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P07000026329**

1. Corporation Name

Rowdon's Home Repair & Maintenance Services, Inc.

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

2855 Bronco Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

2855 Bronco Avenue

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34746

Country

USA

Zip

34746

Country

USA

4. Date incorporated or Qualified  
To Do Business in Florida

2/27/2007

5. FEI Number

43-1750599

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rowdon, Frank

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

2855 Bronco Avenue

Suite, Apt. # Etc.

City

Kissimmee

State

FL

Zip Code

34746

☒ 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.

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

*Frank Rowdon*

Date 12/11/09

REGISTERED AGENT MUST SIGN

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	Rowdon, Frank	2855 Bronco Avenue	Kissimmee, FL 34746
ST	Rowdon, Linda	2855 Bronco Avenue	Kissimmee, FL 34746

10. E-mail Address: lcr4748@hotmail.com

(To be used for future annual report notification)

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. I further certify, 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: FRANK C. ROWDON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Linda C. Rowdon*  
Linda C. Rowdon

12/11/09