

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 94-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 DEC 31 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 992000003594

1. Corporation Name

Owens Research, Inc.

Principal Place of Business

Mailing Address

5215 Philips Hwy #1
Jacksonville, FL 32207

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

200002402472--9
-01/16/98--01004--003
*****8.75 *****8.75

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3152056

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO	Carl H. Owens, Sr.	9815 Fawn Brook Dr.	JAY, FL 32256
VP/TREAS	Carl H. Owens, Jr.	11553 Monument Ridge	JAY, FL 32225
VP/SEC	Carla J. Owens	700 Board Walk Dr #123	Ponte Vedra, Bch FL 32082

REINSTATEMENT

94-97
D. Alaw
12/31/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Richard Aboud, C.P.A.

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

9124 CYPRESS GREEN DR.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32256

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.

Signature of
Registered Agent

Richard J. Aboud

REGISTERED AGENT MUST SIGN

Date

12/17/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Carla Owens

CARLA OWENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/97

Date

904.448.1355

Daytime Phone #

CR2E040 (12/96)