

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **AND FILED**

**APPLICATION  
FOR  
REINSTATEMENT**



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

97 MAR 11 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-03/11/97--01136--010  
\*\*\*1088.75 \*\*\*1088.75

**REINSTATEMENT 95-97**

DOCUMENT # **P93000084087**

1. Corporation Name

**Connie Bowers and Associates, Inc.**

Principal Place of Business

Mailing Address

**16938 South Dixie Highway  
Miami, FL 33157**

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

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**DEC 1993**

5. FEI Number

**65-0453850**

Applied For

Not Applicable

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
PRES	CONSTANCE N. BOWERS	932 NW 133 COURT MIAMI, FL 33157	MIAMI, FL 33157
SEC	CONSTANCE N. BOWERS	same	same
TREAS	CONSTANCE N. BOWERS	same	same

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Angeannette Jean-Baptiste, Esq.  
1477 NE 116 Street  
North Miami, FL 33161**

Name

**CONSTANCE N. BOWERS**

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

**16938 South Dixie Highway**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33157**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of Registered Agent

**Constance N. Bowers**  
REGISTERED AGENT MUST SIGN

Date **Feb 25, 1997**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

**CONSTANCE N. BOWERS, PRESIDENT**  
**Constance N. Bowers**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/25/97**

Daytime Phone # **(305) 252-3322**

CRP2040 (12/95)