PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008093

1. Corporation Name

DOWELL SYSTEMS, INC.

Principal Place of Business	Mailing Address
7028 W. WATERS AVE. TAMPA FL 33634 US	P.O. BOX 21728 TAMPA FL 33622-1728 US

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

REINSTATEMENT 2000

2. New Principal Office Address, If Applicable	3. New Mailing Office 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: 01/24/1994

5. FEI Number: 59-3219953 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DOWELL, VERN	7028 W WATERS AVE	TAMPA FL 33634
D	DOWELL, LINDA	7028 W WATERS AVE	TAMPA FL 33634
D	DOWELL, DOUG	13459 E ESTRELLA AVENUE	SCOTTSDALE AZ 85259
D	SMITH, FRED	2615 S. WESTSHORE BLVD.	TAMPA FL 33629

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-12/11/00--01027--008
****758.75 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DOWELL, VERN 7028 W WATERS AVENUE TAMPA FL 33634	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/00)

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: Vern Dowell SIGNATURE REQUIRED — Date: 11/01/2000
REGISTERED AGENT MUST SIGN

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 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: Vern Dowell VERN DOWELL — 11/01/2000 — 813-249-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #