

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN -3 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

T. ROWE INC.

2. Principal Office Address

22504 69TH AVE. E.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 356

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

PARRISHT, FL

Zip

34219

Country

USA

Zip

34219

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1994

5. FEI Number

65-0573029

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THOMAS A. ROWE

201.25-AR

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

22504 69TH AVE. E.

10.00-ARACTS

Suite, Apt. #, Etc.

88.75-ARCTP

City

BRADENTON

State

FL

Zip Code

34202

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

THOMAS A. ROWE

REGISTERED AGENT MUST SIGN

Date

4-16-02

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 |
|--------|--------------------------------------|---|---------------------|
| PRGS. | THOMAS A. ROWE | 22504 69TH AVE E. | BRADENTON, FL 34202 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 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:

THOMAS A. ROWE THOMAS A. ROWE

4-16-02

941-737-4661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-02

Fla Dept of State

To whom it May Concern :

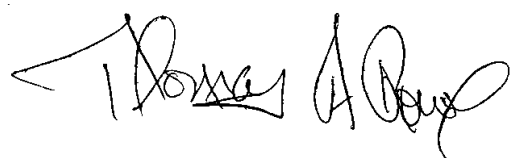
Due to my recent change of address, I did not receive my annual reports - please note my new address is

T. ROWE INC

22504 GARDEN AVE E.

BRADWTON, FL 34202

Please accept this as my request for re-instatement for T. ROWE INC. Thank-you.

T. Rowe