

PLEASE READ ALL INFORMATION
CONTAINED HEREIN
STATEMENT
DIVISION

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

ROWLEY & CO., INC.

Principal Place of Business

Mailing Address

19050 SE 42 PL
MORRISTON FL 32668
US

~~POST OFFICE BOX 827~~
~~MORRISTON FL 32688~~

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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zio

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/20/1995

5. FEI Number

Applied For

59-3340680

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
PVPS	ROWLEY, ROBERT V.	19050 SE 47 PL	MORRISTON FL
			800003064538--8 -12/08/99--01058--005 ****400.00 ****400.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name ROBERT V. ROWLEY
Street Address (P.O. Box Number is Not Acceptable) 19050 S.E. 42 PL.
Suite, Apt. #, Etc. _____

City	MORRISTON	State	FL	Zip Code	32668
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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

REGISTERED AGENT MUST SIGN

Date 11/10/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

0006941 AF