PLEASE REA	D ALL INSTRUCTION	NS BEFORE (	COMPLET	ING THIS FO	RM.	· ···	
APPLICATION FOR	FLORIDA DEPARTI	MENT OF STATE	7			/	
N. T. C.	DIVISION OF COI		1		Han from		
DOCUMENT # P96000022572  1. Corporation Name				97 NOV -7 PH 12: 53			
KOWIE ENTERPRISES, INC.			SECRETARY OF STATE TALLAHASSEE FLORIDA				
				TALLAHAS	SSEE FLORIDA		
Principal Place of Business 4651 ROSWELL ROAD SUITE-1-804 ATLANTA GA 30342	Mailing Address 4851 ROSWELL ROAD -SUITE HOM -ATLANTA GA 30342						
If above addresses are incorrect in any way, lin  2. New Principal Office Address, If Applicable	e through incorrect information and e		4. Date Incorp	prated or Qualified			
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		To Do Business in Florida 03/13/1996				
697 LAKE DEXTER CIR City & State WINTERHAUEN FL	City & State WINTER HADEN			337135	Applied Not Ap	l For plicable	
Zip Country FL 33884 USA	Zip Co	ountry S S A	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee	required Status	
7. Names and Street Addresses of Each Officer Name of Officers	and/or Director (Florida nonprofit co		***				
Title(s) and/or Directors O		Officer and/or Director	licer and/or Director se Post Office Box Numbers)		City / State / Zip  4  ATLANTA (SA SOS) 2 ~		
	697	LAYE DEX	<u>(</u> .\&c.\&	noon234	44952- 44952- 701088011 00 ****165	- 1 3	
8. Name and Address of Curr	ent Registered Agent	Name		ddress of New Registe	ered Agent		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Street Address (P	Sulte, Apt. #, Etc.  City State   Zip Code					
10. I, being appointed the registered agent of the	above named corporation, am familia	ar with and accept the ob	oligations of Section	n 607.0505, F.S.		7	
Signature of Registered Agent	A GISTE HE D AGENT MUST SIGN	J		Date 5 N	over-bol c	77	
11. This corporation owes or intangible Personal Prop	has paid the current y		No 🗹		er side for information intangible tax.y	)	
12. I certify that I am an officer or director or the rethis reinstatement application, the reason for dowed by the corporation have been paid and to on this application is true and accurate, and m	issolution has been eliminated, the content is a second individuals listed on this signature shall have the same legal	orporate name satisfies t form do not qualify for a l effect as if made under	the requirements of an exemption und oath.	of section 607.0401 or 6 or section 119.07(3)(i), f	17.0401, F.S., that all for F.S. The information inc	ees ficated	
SIGNATURE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	J.G., SNOE OR DIRECTOR	=K //-	5 - 97 (9 Date	41) 325846 Daytime Phone #	3	



Kowie Enterprises Inc., 697 Lake Dexter Circle, Winter Haven. Florida 33884
Tel/Fax (941) 325 8463

Division of Corporations Annual Report/Reinstatement Section, P.O. Box 6327, Tallahassee FL 32314-6327

4th November 1997

Dear Sirs,

It is with regret that we have received your document No. P960000 22572, a notice of dissolution of Kowie Enterprises Inc.

We are new to America and have not been aware of the requirement to file an annual report. Receipt of the above mentioned document was the first indication we received of our default, in this regard.

We have contacted the offices of our accountant and the former registered agent and neither will admit to having received your reminder to us and of having failed to forward it to ourselves.

In our telephone call this morning to your offices, in which we discussed this matter with one of your representatives, it was indicated that we should offer this letter of explanation and apology, for our oversite in this matter, together with our check for \$165.00, being the amount due for 1997.

Thanking you in anticipation.

Yours faithfully,

**ALLAN SNOEK** 

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