

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

250

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P97000040458

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1. Corporation Name

BOWMAN PROPERTY SERVICES, INC.

Principal Place of Business

Mailing Address

~~248 AIRPORT RD N~~ 11216 Tamiami Trl ~~248 AIRPORT RD N~~ 9739 Sussex St
~~SUITE 200~~ Naples, FL ~~SUITE 200~~ Naples, FL
~~NAPLES FL 34104~~ 34110 ~~NAPLES FL 34104~~ 34109
~~US~~ ~~US~~



REINSTATEMENT

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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

4. Date Incorporated or Qualified To Do Business in Florida

05/02/1997

Suite, Apt. #, etc. 11216 Tamiami Trl N

Suite, Apt. #, etc. 9739 Sussex

5. FEI Number

59-3446927

Applied For

City & State Naples, FL

City & State Naples, FL

Not Applicable

Zip 34110 Country USA

Zip 34109 Country USA

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DP	BOWMAN, STEPHEN B	9739 SUSSEX STREET	NAPLES FL 34109
DST	BOWMAN, SUZANNE ELAINE	9739 SUSSEX ST	NAPLES FL 34109
			400003484054-2 -12/04/00--01022--018 *****700.00 *****700.00
			400003484054-2 -12/04/00--01022--018 *****50.00 *****50.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOWMAN, STEPHEN B
9739 SUSSEX STREET
NAPLES FL 34109

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/12/00

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)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-00

Date

Daytime Phone # 941-592-6014

AD

CR2E040 (8/00)