PLEASE READ	<u>ALL INST</u>	RUCTIONS	BEFORE (COMPLET	ING THIS FORM.	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			=		
DOCUMENT # P9700044896				-		
Corporation Name				98 NOV 25 PM 12: 57		
BOWMAN & BROWN REALTY, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
rincipal Place of Business Mailing Address			4 2 8 7 1 2 6 6 1 1 1			
8624 FIRESTONE CIRCLE CLERMONT FL 34711	**** **********************************					
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 OF (10/1007)			
Suite, Apt. #, etc.				5. FEI Number	05/19/1997 Applied For	
Clermont, FL	City & State				2-0860 Not Applicable	
34711 Country U.S.A.	Zip	Country		6. CERTIFICATE	\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/ Name of Officers	or Director (Flo		tions must list at le			
Title(s), and/or Directors		Officer and/or Director 3 (Do NOT Use Post Office Box Nu		r	City / State / Zip	
Res HARMON, B. G		8624 FIRESTONE CIRCLE			CLERMONT FL 34711	
Tohn WATSON 140			4016 LK. Tilder BLUD WINTER GARDEN 34787			
VP Dwight MEEKE	11422 Cypress Bay St Clermont FL 34718					
					000027065285	
REINSTATEMENT 90 1 198000						
8. Name and Address of Current Registered Agent Name				9. Name and A	Address of New Registered Agent	
HARMON, B. G Street Address			ا صادلے ہم P.O. Box Number	Shop cceptable the St.		
8624 FIRESTONE CIRCLE			// 2 2 Suite, Apt. #, Etc	Cypress BA1 St.		
CLERMONT FL 34711 Suite, Apt. #, Etc. 4					Chair I Via Code	
		- 6 - 216	Clerm	onl, FL	State Zip Code 7/1	
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 Date 11-16-78 REGISTERED AGENT MUST SIGN						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for Information on intangible tax.)						
12. 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 Date						