

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 99 REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000044896**

1. Corporation Name

BOWMAN & BROWN REALTY, INC.

Principal Place of Business

8624 FIRESTONE CIRCLE
CLERMONT FL 34711
US

Mailing Address

8624 FIRESTONE CIRCLE
CLERMONT FL 34711
US

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

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business In Florida

05/19/1997

SP

5. FEI Number

59-0520000

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
P	HARMON, B. G	8624 FIRESTONE CIRCLE	CLERMONT FL 34711
ST	WATSON, JOHN	14016 LK. TILDEN BLVD.	WINTER GARDEN FL 34787
VP	MEEKER, DWIGHT	11422 CYPRESS BAY ST.	CLERMONT FL 34711

900003061139--7
-12/06/99--01021--022
****750.00 ****750.00

8. Name and Address of Current Registered Agent

MEEKER, STEPHEN D
11422 CYPRESS BAY ST.
CLERMONT FL 34711

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

REQUIRED
REGISTERED AGENT MUST SIGN

Date **11-15-99**

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:

B. G. HARMON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-15-99