

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 DEC -3 PM 5:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000044896

1. Corporation Name

BOWMAN & BROWN REALTY, INC.

Principal Place of Business

Mailing Address

8624 FIRESTONE CIRCLE  
CLERMONT FL 34711  
US

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  
14016 Lake Tilden Blvd.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
14016 Lake Tilden Blvd.  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/19/1997

5. FEI Number

59-3520860

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State  
Winter Garden FL  
Zip  
34787  
Country  
Orange

City & State  
Winter Garden FL  
Zip  
34787  
Country  
Orange

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

600004730076--3  
-12/18/01--01025--028  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name  
JOHN R. WATSON  
Street Address (P.O. Box Number is Not Acceptable)  
14016 Lake Tilden Blvd.  
Suite, Apt. #, Etc.  
City  
Winter Garden  
State  
FL  
Zip Code  
34787

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 11-28-01

REGISTERED AGENT MUST SIGN

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

11-28-01 1-407-877-6350  
Date Daytime Phone #