

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000059558

1. Corporation Name

BOWMAN DIVING CORPORATION

2. Principal Office Address - No P.O. Box #

4407 123rd ST CT W

Suite, Apt. #, etc.

City & State

CORTEZ, FL

Zip

34215

Country

USA

3. Mailing Office Address

PO BOX 66

Suite, Apt. #, etc.

City & State

CORTEZ, FL

Zip

34215

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1997

5. FEI Number

650766019

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DONALD W. YETTER, P.A.

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

1111 NINTH AVE WEST

Suite, Apt. #, Etc.

SUITE B

City

BRADENTON

State

FL

Zip Code

34209

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **JUNE 2, 2010**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T/S/D	GREY D. BOWMAN, JR	4407 123rd ST CT W	CORTEZ, FL 34215

10. E-mail Address: yetterlaw@gmail.com

(To be used for future annual report notification)

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. I further certify 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:

GREY D. BOWMAN JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/2010

Date

941-795-4664

Daytime Phone #

FILED
10 JUN -7 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/07/10--01066--014 **900.00

REINSTATEMENT 09-10