

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC 20 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000090328**

1. Corporation Name

ROWLIN DEVELOPMENT CORP.

2. Principal Office Address

1008 E. STRAWSBRIDGE AVE.
Suite, Apt. #, etc.

3. Mailing Office Address

609 JASMINE DRIVE
Suite, Apt. #, etc.

City & State

Melbourne, FLORIDA

City & State

Melbourne Beach, FL

Zip

32901

Country

USA

Zip

32951

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

OCTOBER 20, 1997

5. FEI Number

59-3471494

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 2000

7. Name and Address of Current Registered Agent

Name

ROBERT W. MORSE

300003583203--6

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

609 JASMINE DRIVE

-01/29/01-01005-011

*****750.00 ***750.00**

Suite, Apt. #, Etc.

City

Melbourne Beach

State

FL

Zip Code

32951

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

[Signature]

Date **12/18/00**

REGISTERED AGENT MUST SIGN

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	ROBERT W. MORSE	609 JASMINE DR. Melbourne Beach, FL 32951	
V	DAVID S. MORSE	1813 GRAND ISLE CIRCLE #213A	MELAND, FL 32810

10. 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]

ROBERT W. MORSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/00

Date

321-728-8935-0

321-258-4819-m

Daytime Phone #

CR2E081 (9/99)