

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000050230

Entity Name: BOWMAN ACADEMY, INC.

FILED
Sep 30, 2008
Secretary of State

Current Principal Place of Business:

3407 LATANIA DRIVE
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

12606 HENDERSON ROAD
TAMPA, FL 33625 US

New Mailing Address:

FEI Number: 59-3522593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARNISKI, WALT MD
12606 HENDERSON ROAD
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WALT KARNISKI, MD

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KARNISKI, WALT MD
Address: 4331 CARROLLWOOD VILLAGE DR
City-St-Zip: TAMPA, FL 33618

Title: V () Delete
Name: DELANEY, LOIS
Address: 11750 PARK BLVD
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: KARNISKI, WALT MD
Address: 4331 CARROLLWOOD VILLAGE DR
City-St-Zip: TAMPA, FL 33618

Title: MRS (X) Change () Addition
Name: DELANEY, LOIS
Address: 11750 PARK BLVD
City-St-Zip: SEMINOLE, FL 33772

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALT KARNISKI, MD

Electronic Signature of Signing Officer or Director

DR

09/30/2008

Date