

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 DEC 20 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000086567

1. Corporation Name
REALCOW, INC.

2. Principal Office Address
4820 Park Blvd.

Suite, Apt. #, etc.

City & State
Pinellas Park, FL

Zip Country
33781 USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT 2001

4. Date Incorporated or Qualified
To Do Business in Florida **9/30/1999**

5. FEI Number **59-3602049** 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

O'Connor, Patrick M. c/o O'Connor & Associates

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

2240 Belleair Road

Suite, Apt. #, Etc.

Suite 160

City

Clearwater

State

FL

Zip Code

33764

300004744679-5

12/31/01 01050-00

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

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]

REGISTERED AGENT MUST SIGN

Date

12/19/01

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
DP	Oberding, John W.	4820 Park Blvd.	Pinellas Park, FL 33781
DV	Smith, David M.	4820 Park Blvd.	Pinellas Park, FL 33781
DVTS	Geiger, Glen E.	4820 Park Blvd.	Pinellas Park, FL 33781

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: **John W. Oberding, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/19/01

Daytime Phone #