

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -1 PM 4:32

DOCUMENT # V04356

1. Corporation Name

LOUISE LOWE & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~140 N ORLANDO AVE~~
~~SUITE 150-21~~
WINTER PARK FL 32789

PO BOX 2546
~~SUITE 150-21~~
WINTER PARK FL 32780-2546
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
1595 HIBISCUS AVE
City & State
WINTER PARK FL
Zip
32789 Country
US

Suite, Apt. #, etc.
PO BOX 2546
City & State
WINTER PARK, FL
Zip
32780 Country
ORANGE

4. Date Incorporated or Qualified
To Do Business In Florida

01/01/1992

5. FEI Number

59-3105004

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
D	LOWE, LOUISE	140 N ORLANDO AVE 150-21 1595 HIBISCUS AVE	WINTER PARK FL 32789

800003038838--S
-11/09/99--01005--024
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOWE, LOUISE
~~140 N ORLANDO AVE~~
~~SUITE 150-21~~
WINTER PARK FL 32789

Name

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

1595 HIBISCUS AVE

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32789

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

Louise M. Lowe
REGISTERED AGENT MUST SIGN

Date

10/25/99

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:

Louise M. Lowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

AD
10/25/99
407-644-2366
Daytime Phone #