

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 MAR -4 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V41133

1. Corporation Name
Fowler Burr and Associates, Inc.

Principal Place of Business Mailing Address
16525 S.W. 232 Street
Miami, Florida 33170

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 | | 4. Date Incorporated or Qualified To Do Business in Florida <u>6/5/92</u> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number <u>65-033-9527</u> | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|------------------------|
| <u>P</u> | <u>Raymond Fowler</u> | <u>16525 Silver Palm Dr.</u> | <u>Miami, FL 33170</u> |
| | | | |
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| | | | |

REINSTATEMENT 94-97
A. Alan

8. Name and Address of Current Registered Agent

Raymond Fowler
16525 Silver Palm Dr.
Miami, FL 33170

9. Name and Address of New Registered Agent 3/4/97

| | | |
|--|--------------------|----------|
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| Suite, Apt. #, Etc. | | |
| City | State FL | Zip Code |

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

REGISTERED AGENT MUST SIGN

Date 3/3/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond Fowler

3/3/97

Date

305-245-6044

Daytime Phone #

CR2040 (12/96)