


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 29 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N0000000619

1. Corporation Name

Bailliage de Bonita, Inc.

2. Principal Office Address

27524 Riverbank Drive

3. Mailing Office Address

27524 Riverbank Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34134

Country

Zip

34134

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/31/2000

5. FEI Number

59-3624319

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

600032111296
04/07/04--01066--005 **297.50
REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Gerald Levesque

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

27524 Riverbank Drive

Suite, Apt. #, Etc.

City

Bonita Springs, FL

State
FL

Zip Code

34134

8. I, being appointed the n

Signature of Registered Agent

Gerald L. Levesque
Gerald L. Levesque

Date **03-30-2004**

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	Michael Lyons	3070 Greenflower Ct.	Bonita Springs, FL 34134
S	Louis De Amicis	27203 Shell Ridge Circle	Bonita Springs, FL 34134
T	Gerald Levesque	27524 Riverbank Drive	Bonita Springs, FL 34134

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04/20/04--01058--003 **61.25

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 applicati

SIGNATURE:

Gerald L. Levesque
Gerald L. Levesque

Gerald Levesque

03-30-2004

239-947-2147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)