

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 19 AM 7:58

DOCUMENT # P05000030192

1. Corporation Name

BONITA CLEANING ENTERPRISES INC

2. Principal Office Address - No P.O. Box #

11733 FOREST MERE DR

Suite, Apt. #, etc.

3. Mailing Office Address

11733 FOREST MERE DR

Suite, Apt. #, etc.

City & State

BONITA SPRINGS FL

Zip

34135

Country

USA

City & State

BONITA SPRINGS FL

Zip

34135

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida **02/28/2005**

5. FEI Number

20-2415906

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

MARIA OCHOA

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

11733 FOREST MERE DR

Suite, Apt. #, Etc.

City

BONITA SPRINGS

State

FL

Zip Code

34135

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

MARIA OCHOA

REGISTERED AGENT MUST SIGN

Date **04/01/2010**

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	MARIA OCHOA	11733 FOREST MERE DR	BONITA SPRINGS FL 34135

10. E-mail Address: **STELLARTAXES@YAHOO.COM**

(To be used for future annual report notification)

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. I further certify, 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:

MARIA OCHOA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2010 239-273 9050

Date

Daytime Phone #

900176176809
04/19/10--01003--023 **450.00
REINSTATEMENT 08-10 **KS**