

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV 21 PM 12:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L88184**

1. Corporation Name

BONBERN, INC.

Principal Place of Business

12000 BISCAYNE BLVD.
#610
MIAMI FL 33181

Mailing Address

12000 BISCAYNE BLVD.
#610
MIAMI FL 33181

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

07/18/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-0220068

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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
P	BERNSTEIN, JEROME	12000 BISCAYNE BLVD. #610	MIAMI FL 33181
ST	BERNSTEIN, BONNIE	12000 BISCAYNE BLVD. #610	MIAMI FL 33181

000002014580--1
-11/26/96--01112--007
***375.00 ***375.00

8. Name and Address of Current Registered Agent

BERNSTEIN, JEROME
12000 BISCAYNE BLVD.
#610
MIAMI FL 33181

9. Name and Address of New Registered Agent

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

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-11-96

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] **Jerome Bernstein**

Date 11-11-96

Daytime Phone 305-891-6806