

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 519625

Entity Name: BONLEE INTERIORS, INC.

FILED  
Sep 29, 2009  
Secretary of State

## Current Principal Place of Business:

5185 CASTELLO DR.  
SUITE 4  
NAPLES, FL 34103 US

## Current Mailing Address:

5185 CASTELLO DR.  
SUITE 4  
NAPLES, FL 34103 US

FEI Number: 59-1739160

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRACY, SHIRLEE K  
5185 CASTELLO DR. STE 4  
NAPLES, FL 34110 US

## New Principal Place of Business:

1045 COLLIER CENTER WAY  
SUITE 2  
NAPLES, FL 34110 US

## New Mailing Address:

1045 COLLIER CENTER WAY  
SUITE 2  
NAPLES, FL 34110 US

## Name and Address of New Registered Agent:

TRACY, SHIRLEE K  
1045 COLLIER CENTER WAY  
SUITE #2  
NAPLES, FL 34110 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHIRLEE K. TRACY

09/29/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TRACY, SHIRLEE KONOWAL  
Address: 5285 CASTELLO DR STE 4  
City-St-Zip: NAPLES, FL 34103

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TRACY, SHIRLEE KONOWAL  
Address: 1045 COLLIER CENTER WAY #2  
City-St-Zip: NAPLES, FL 34110 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEE KONOWAL TRACY

PRES

09/29/2009

Electronic Signature of Signing Officer or Director

Date