

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 APR 28 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 692858

1. Corporation Name

Bonanza Group Inc.

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

2536 SW 25th Terrace

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33133

Country

MIAMI-DADE

3. Mailing Office Address

2536 SW 25th Terrace

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33133

Country

MIAMI-DADE

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1980

5. FEI Number

59-2110713

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

YES, PLEASE

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JUDITH HANCOCK SANDOVAL

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

2536 SW 25th TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

000267761460

*05/13/15--01030--004 **150.00*

000267761460

*12/24/14--01030--026 **1358.75*

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

Judith Hancock Sandoval

Date *Dec. 22, 2014*

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
<i>President</i>	<i>JUDITH HANCOCK SANDOVAL</i>	<i>2536 SW 25th Terrace</i>	<i>MIAMI FL 33133</i>
		<i>reinstatement 10.15 (cus)</i>	
			<i>dec</i>
		<i>filed name change also.</i>	

10. E-mail Address: *mimosan@comcast.net*

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

JUDITH HANCOCK SANDOVAL *Judith Hancock Sandoval*

Date

12-22-2014

Daytime Phone

305-857-8397