PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -4 PM 4:08

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03

DOCUMENT # F01000003411

1. Corporation Name
BONUS STORES, INC.

2. Principal Office Address	3. Mailing Office Address
1401 HIGHWAY 13 NORTH	1401 HIGHWAY 13 NORTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COLUMBIA, MS	City & State: COLUMBIA, MS
Zip: 39429 / Country:	Zip: 39429 / Country:

4. Date Incorporated or Qualified To Do Business in Florida: 05/22/2001

5. FEI Number: 640940428 — 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation — State: FL — Zip Code: 33324

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: PETER F. SOUZA, REGISTERED AGENT — Date: 12/4/03

CR2E041 (10/02)

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
D	Jon Asgeir Johannesson	Tungata 6	101 Reykjavik, Iceland
D	Johannes Jonsson	Tungata 6	101 Reykjavik, Iceland
VP	A.R. Williams	1400 Highway 13 North	Columbia, MS 39429

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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: A.R. Williams — 12/4/2003 — 601-444-0403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL018 - 10/03/2003 C T System Online
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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

ICELANDERS STORE, INC.

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