

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

1997 JUN 25 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

APPLICATION FOR REINSTATEMENT

DOCUMENT # F93000000867 (2)
1. Corporation Name
BONNIE LIEGH, Inc.

Principal Place of Business Mailing Address
1101 Tealwood Dr Virginia Beach, VA 23456 US **1101 Tealwood Dr Virginia Beach, VA 23456 US**

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.
1101 Tealwood Dr **409 William St.**
City & State City & State
Virginia Beach VA **Key West FL**
Zip Zip Country Country
23456 US **33040 US**

4. Date Incorporated or Qualified To Do Business in Florida **2/8/1993**
5. FEI Number **54-1608824** Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
CDP	MARBURG, John	409 William St.	Key West, FL 33040
VCD	GOLDIN, ARNOLD	1101 Tealwood Dr	Virginia Beach, Va 23456
			300002225153--9 -06/27/97--01083--004 ***\$915.00 ***\$915.00

REINSTATEMENT *John Marburg*

8. Name and Address of Current Registered Agent
MARBURG, John
409 William St.
Key West, FL 33040

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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]* Date **6/10/97**
REGISTERED AGENT MUST SIGN

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]* **JOHN MARBURG, PRES.** **6/10/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (12/96)