

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**

97 AUG 20 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **J92379**

1. Corporation Name

**B. S. Ranch Inc**

Principal Place of Business

**PO Box 4184  
ST Augustine FL  
32085**

Mailing Address

**2425 Deerwood Lane  
Lot M  
ST Augustine FL  
32085**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**PO Box 4184**

3. New Mailing Office Address, If Applicable

**2425 Deerwood Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Lot M**

City & State

**ST Augustine FL**

City & State

**ST Augustine FL**

Zip

**32085**

Country

**ST Johns**

Zip

**32085**

Country

**ST Johns**

4. Date Incorporated or Qualified To Do Business in Florida

**9/14/1987**

5. FEI Number

**59-2486387**

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 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
<b>Pres Director</b>	<b>Joe Bonafede</b>	<b>2425 Deerwood Lane Lot M</b>	<b>ST Augustine FL 32085</b>

**300002274133--1  
-08/21/97--01117--005  
\*\*\*1410.00 \*\*\*1410.00**

8. Name and Address of Current Registered Agent

**Antoinette Bonafede  
3070 County Road 214 Lot C  
ST Augustine FL  
32084**

9. Name and Address of New Registered Agent

Name **Joe Bonafede**  
Street Address (P.O. Box Number is Not Acceptable)  
**2425 Deerwood Lane**  
Suite, Apt. #, Etc.  
**Lot M**  
City **ST Augustine** State **FL** Zip Code **32085**

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

**Joe Bonafede (Pres)**  
REGISTERED AGENT MUST SIGN

Date

**8/18/97**

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:

**Joe Bonafede (Pres)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/18/97**  
Date

**904-825-4659**  
Daytime Phone #

CR2E040 (12/96)