. • 9/28/1999 3:0 <b>5PMEASE REA</b> D	ALL INST	TRUCTIC	ONS BEFORE CO	OMPLETIN	ıĠ THIS FORM.	
APPLICATION FLORIDA DEPARTMENT OF STATE						
FOR REINSTATEMENT	77;	Sign of Co	State  ORP RATIONS		OCT -4 AM 8: 46	
DOCUMENT # K14382  1. Corporation Name				TAEÉ	retary of State Rhassee, florida	
Bonigor USA Company Principal Place of Business 2750 Hackney Road Weston Florida 33331 Weston Florida 3333						
If above addresses are incorrect in any way, line through incorrect information and enter continuous transportation and enter continuous t				w. 4. Date Incorporated or Qualified		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			To Do Busir	ness in Florida 02/10/88	
City & State City & State			5. FEI Number Applied For 65-0029368 Not Applicable			
Zip Country	Zip	-	Country	6.	OF STATUS DESIRED	
Names and Street Addresses of Each Officer an	d/or Director (FI	lorida nonprofil	t corporations must list at	least 3 directors		
Title(s)         and/or Directors         Off           1         2         3 (Do NOT Use)			Street Address of Each Officer and/or Director IOT Use Post Office Box N		City / State / Zip	
Gustavo Riccobon 2750 Ha		Hackney Road	d	Weston Florida 33331		
				81	00030128781 -10/12/9901058004 ****150.00 ****150.00	
	Parlatered A			O Name and	Address of New Popletand Agent	
8. Name and Address of Current	ent	Name	9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)			
Gustavo Riccobon			Street Address (P	Street Address (P.O. Box Number is Not Acceptable)		
2750 Hackney Road Weston Florida 33331			Suite, Apt. #, Etc.	Suite, Apt. #, Etc.		
			City	City State Zip Code		
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 AgentRE	GISTERED AGE	ENT MUST SIG	GN		Date	
11. This corporation owes or has paid the current year  Intangible Personal Property tax due June 30.  Yes X No (See other side for information on intangible tex.)						
12. I certify that I am an officer or affector of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filting this reinstatement application, the passon for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid and the name 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:  Gustavo Riccobon  9-29-99 (954) 389-8839  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daylime Phone #						

STF FL32474F.1

2

## Alejandro Raimundez, P.A.

CERTIFIED PUBLIC ACCOUNTANT

3134 CORAL WAY MIAMI, FLORIDA 33145 PHONE: (305) 461-1331 FAX: (305) 446-8404

September 28, 1999

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

> RE: BONIGOR USA COMPANY Document # K14382

## Gentlemen:

Enclosed please find an Application for Reinstatement for the above company, along with a check in the amount of \$150.

While verifying the company's status today via the internet, we found out that the company had been dissolved on 9/24/1999.

We would like to ask for abatement of the reinstatement fee, since the address you had on your records was incorrect (former address was 4641 NW 93 Doral Ct, not 464, as per attached). Please take into consideration also that Bonigor USA Company has renewed on a timely basis since 1988.

Thank you for your attention to this matter.

Very truly yours,

Josefina Raimundez

Certified Public Accountant