

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

L0000013075

FILED

02 NOV 12 AM 11:17

1. DOCUMENT # L00000013075

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0009652 01 FP 0.352 **PRSRT H3 0 0615 32561-205255



BONAN FLORIDA PROPERTIES, L.L.C.
100 FORT PICKENS ROAD, UNIT 205
PENSACOLA BEACH FL 32561-2052



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
3. New Principal Place of Business Address Principal Place of Business 100 FORT PICKENS ROAD, UNIT 205 PENSACOLA BEACH FL 32561 City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/25/2000	
6. FEI Number 36-4465919		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent BONAN, FRANK W II 100 FORT PICKENS ROAD, UNIT 205 PENSACOLA BEACH FL 32561	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent X Frank W. Bonan II Date 11/07/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BONAN, F. WILLIAM	PO BOX 309	MCLEANSBORO IL 62859
MGR	BONAN, F. WILLIAM II	100 FORT PICKENS RD, UNIT 205	PENSACOLA BEACH FL 32561

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Frank W. Bonan II Date 10/31/02 Daytime Phone # 618-643-2371

Typed or printed name of signing Managing Member/Manager F. William Bonan