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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

2004 JAN -6 AM 9:21

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000007791

Name and Mailing Address

0002606 01 AT 0.292 **AUTO T1 0 0615 32570-541100

BONIFAY PROPERTIES, LLC
6300 CHERRY LAUREL DRIVE
MILTON FL 32570-5411



2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Quantified To Do Business in Florida 04/01/2002	
Principal Place of Business 6300 CHERRY LAUREL DRIVE MILTON FL 32570	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3685624	Applied For Not Applicable
8. Name and Address of Current Registered Agent WATSON, TODD 7785 BAYMEADOWS WAY, SUITE 107 JACKSONVILLE FL 32256		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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 <i>[Signature]</i> DATE 1/1/04 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	WATSON, JAMES A	6300 CHERRY LAUREL DRIVE	MILTON FL 32570
MGR	WATSON, GRACE W	6300 CHERRY LAUREL DRIVE	MILTON FL 32570
		300025384673 12/10/03--01021--002 **150.00	
		2003	
		REINSTATEMENT	

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

REQUIRED

Date

1/1/24/03 Daytime Phone # 850-623-5058

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)