

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR 29 AM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L92042

1. Corporation Name

BONMAR FARM, INC.

**REINSTATEMENT** 02-03

2. Principal Office Address 7315 Hudson Ave  
1650 Beach Drive, NE

3. Mailing Office Address 7315 Hudson Ave  
1650 Beach Drive, NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL Hudson, FL

City & State

St. Petersburg, FL Hudson, FL

Zip 33704 34667

Country  
USA

Zip 33704 34667

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

August 8, 1990

5. FEI Number

593055849

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Julius J. Zschau

Street Address (P.O. Box Number is Not Acceptable)

2701 N. Rocky Point Drive

Suite, Apt. #, Etc.

Suite 930

City

Tampa

State  
FL

Zip Code  
33607

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Julius J. Zschau*

Date 4/21/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/T/D	Patricia S. Bonati	1650 Beach Drive, NE,	St. Petersburg, FL 33704

10. 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:

*Patricia S. Bonati*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

800-330-4262

4/20