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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850) 206-0363

Attn: Sue Deversen
#980469.0006

From:
Account Name : TRIPP, SCOTT, CONKLIN & SMITH
Account Number : 075350000065
Phone : (954) 525-7500
Fax Number : (954) 761-8475

LIMITED LIABILITY REINSTATEMENT

J. BONA, L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L99000000460

DOCUMENT # 199000000460

1. Limited Liability Company's Name

J. Bona, LC

2. Principal Office Address

15421 Forest Road

Suite, Apt. # etc

Suite D

City & State

Forest, VA

Zip

24551

Country

USA

3. Mailing Office Address

15421 Forest Road

Suite, Apt. #, etc.

Suite D

City & State

Forest, VA

Zip

24551

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

1/27/99

6. FEI Number

65-0906467

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

300 Fee for Certificate of Status

8. Name and Address of Current Registered Agent

Name

Gregory A. McLaughlin, Esq.

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

c/o Tripp Scott, P.A.

Suite, Apt. #, Etc.

110 SE 6th Street, 15th Floor

City

Ft. Lauderdale

State
FL

Zip Code
33301

9. 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

REGISTERED AGENT MUST SIGN

Date 10/29/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	John R. Bona	15421 Forest Rd., Ste. D	Forest, VA 24551

11. 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 608.405, 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

John R. Bona

Date 10/29/01

Daytime Phone # (804) 534-6800

Typed or printed name of signing Managing Member/Manager John R. Bona, Manager

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