

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 16 PM 4:01

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L99000000460

Name and Mailing Address

0015718 01 MB 0.309 \*\*AUTO TB 0 0615 24551-227476



J. BONA, L.C.  
15421 FOREST ROAD, SUITE D  
FOREST VA 24551-2274



2. **New Mailing Address**

P.O. Box 643804

City, State, Zip

VERO BEACH, FLORIDA 32964

Principal Place of Business

15421 FOREST ROAD, SUITE D  
FOREST VA 24551

3. **New Principal Place of Business Address**

P.O. Box

City, State, Zip

VERO Beach, FL 32964

4. **State/Country of Formation**

FL

5. **Date Organized or Qualified  
To Do Business in Florida**

01/27/1999

6. **FEI Number**

65-0906467

Applied For

Not Applicable

7. **CERTIFICATE OF STATUS DESIRED** ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. **Name and Address of Current Registered Agent**

MCLAUGHLIN, GREGORY A  
C/O TRIPP SCOTT, P.A.  
110 SE 6TH STREET, 15TH FL  
FORT LAUDERDALE FL 33301

9. **Name and Address of New Registered Agent**

Name

000027063230

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

01/16/04 01004-008 \*\*150.00

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

000027063230

01/16/04 01004-009 \*\*50.00

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	BONA, JOHN R	15421 FOREST ROAD, SUITE D P.O. Box 643804	FOREST VA 24551 VERO BEACH, FL 32964

**REINSTATEMENT** 2003-04

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

**SIGNATURE REQUIRED**

Date

10/30/03

Daytime Phone

(443) 829-3670

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)