

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

03 JAN 29 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L9400000980**

1. Limited Liability Company's Name

BONUS STORES, L.C.

700012233567
02/10/03--01119--011 **250.00

2. Principal Office Address

2520 W. New York Avenue

Suite, Apt. #, etc.

City & State

Deland, Florida

Zip

32720

Country

USA

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/19/1999

6. FEI Number

59-3564882

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

Name

CT CORPORATION SYSTEM

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Stephen Adamo

STEPHEN ADAMO
ASSISTANT SECRETARY

Date

1/28/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Jon Asgeir Johannesson	Tungotu 6, 101 Reykjavik	Iceland
MGR	Johannes Jonsson	Skutuvogur 13 104 Reykjavik	Iceland

REINSTATEMENT

2001-03

OK

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 608.406, 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

Jon Asgeir Johannesson

Date

01/10/03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

JON ASGEIR JOHANNESSEN