

10/2


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2008 APR 18 A 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M0200001870

1. Corporation Name
Bonaparte Partners, LLC

2. Principal Office Address - No P.O. Box # 3343 Peachtree Rd NE Suite, Apt. #, etc. Suite 200 City & State Atlanta GA Zip 30326 Country USA		3. Mailing Office Address 3343 Peachtree Rd NE Suite, Apt. #, etc. Suite 200 City & State Atlanta GA Zip 30326 Country USA	
---	--	---	--

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 41-2051633 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED 56.75 Additional Fee required for a Certificate of Status

CR2E081 (12/07)

7. 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

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent Terence Hardley Terence Hardley Asst. Secretary Date 4/19/2008

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
MGR	S. Gregory Hays as Receiver	3343 Peachtree Rd NE Suite 200	Atlanta GA 30326

REINSTATEMENT 06-08

[Signature]

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 contained in Chapter 119, 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: [Signature] Date 4-17-08 Daytime Phone # 404-926-0057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7702000001870

2 of 2

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

FILED
2008 APR 18 A 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000101430 3))



H080001014303ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

LIMITED LIABILITY REINSTATEMENT

BONAPARTE PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$516.25

RECEIVED
08 APR 18 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help