

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

02 MAR 29 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M82218

1. Corporation Name

Bonita Florist INC.

2. Principal Office Address

3600 BONITA Bch. Rd.

Suite, Apt. #, etc.

City & State

BONITA Spgs FL.

Zip

34134

Country

LEE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/1988

5. FEI Number

65-0058590

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

ROCHELLE, MARLA

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

3600 BONITA BEACH ROAD

Suite, Apt. #, Etc.

City

BONITA SPRINGS

State

FL

Zip Code

34134

500005195645--1

04/05/02 0105--005

***300.00 ***300.00

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

Marla Rochelle

Date

3/27/02

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
D	ROCHELLE, MARLA	3600 BONITA Bch Rd.	BONITA Spgs, FL 34134
D	ROCHELLE, LARRY	3600 BONITA Bch. Rd.	BONITA Spgs, FL 34134

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)(f), 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:

Marla Rochelle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARLA ROCHELLE, Pres.

3/27/02

Date

941 892-2229

Daytime Phone #

CR2001 (9/01)

MARCH 02, 2002

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
TALLAHASSEE, FL 32314-6327

TO WHOM IT MAY CONCERN:

I SPOKE WITH WANDA TODAY REGARDING THE REINSTATEMENT OF MY CORPORATION, BONITA FLORIST INC. #M82218, OF WHICH I ENCLOSE A CHECK IN THE AMOUNT OF \$300.00.

I DID NOT RECEIVE ANY NOTICES OF RENEWAL OR DISSOLUTION OF MY CORPORATION. UNFORTUNATELY 2 YEARS AGO I WAS MOVING INTO A NEW BUILDING AND I ALSO AT THE SAME TIME SUFFERED THE LOSS OF MY MOTHER AND THE LOSS OF A CHILD ALL HAPPENING AT THE SAME TIME.

THANK YOU IN ADVANCE FOR YOUR CONSIDERATION OF THE REDUCTION OF ALL FEES REGARDING THIS MATTER..

THANK YOU

A handwritten signature in cursive script, appearing to read "Marla R. Rochelle".

MARLA R. ROCHELLE
3600 BONITA BEACH RD
BONITA SPRINGS FL 34134
1-941-992-2229

Charter Number Only

VALIDATION ONLY

3/28/02 Evelyn

Requestor's Name
Address
City State ZIP Phone

CORPORATION(S) NAME

Bonita Florist Inc.

RECEIVED
02 MAR 29 AM 9:12
DIVISION OF CORPORATION

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Foreign | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Reinstatement | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Reservation | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028