

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 24 PM 12: 15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **N99000003799**

1. Corporation Name

**BOUNTIFUL INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

250-N ORAGNE AVENUE SUITE 1002  
ORLANDO FL 32802

250-N ORAGNE AVENUE SUITE 1002  
ORLANDO FL 32802



**REINSTATEMENT**

**OD**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**250 North Orange Ave.**

3. New Mailing Office Address, If Applicable

**250 North Orange Ave**

Suite, Apt. #, etc.

**Suite 1100**

Suite, Apt. #, etc.

**Suite 1100**

City & State

**Orlando, Florida 32802**

City & State

**Orlando Florida**

Zip

**32802**

Country

**USA**

Zip

**32802**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/21/1999**

5. FEI Number

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MUNNS, RANIER	1325 - NORTHRIDGE DRIVE	LONGWOOD FL 32750
D	MUNNS, APRIL	1325 - NORTHRIDGE DRIVE	LONGWOOD FL 32750
D	BORCHARDT, CATHERINE ANN	341 - GRAND VALLEY DRIVE	LAKE MARY FL 32746
D	BORCHARDT, RONALD	341 - GRAND VALLEY DRIVE	LAKE MARY FL 32746
D	SCHLEIFFARTH, CATHERINE	278 - WEST SABAL PALM PLACE	LONGWOOD FL 32779
D	WATERS, REBECCA MUNNS	1598 - LAWNSDALE CIRCLE	WINTER PARK FL 32790

8. Name and Address of Current Registered Agent

**WALLACE, SCOTT G ESO**  
**250-N ORAGNE AVENUE SUITE 1100**  
**ORLANDO FL 32802**

**700003456277--0**

**-11/07/00--01130--008**

**\*\*\*\*236.25 \*\*\*\*236.25**

9. Name and Address of New Registered Agent

Name

**Ranier Munns**

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

**250 North Orange Ave.**

Suite, Apt. #, Etc.

**Suite 1100**

City

**Orlando,**

State

**FL**

Zip Code

**32802**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

Date **10/16/00**

REGISTERED AGENT MUST SIGN

11. 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)(i), 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.

**KE**

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/16/00**

Date

**407-425-1814**

Daytime Phone #

CR2ED40 (8/00)