

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000019168

1. Entity Name
BONNE NUIT, INC.



FILED

08 SEP 24 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3548 ST JOHNS AVENUE
JACKSONVILLE, FL 32205

Mailing Address
3548 ST JOHNS AVENUE
JACKSONVILLE, FL 32205

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3548 ST. JOHNS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09042008

REIN-P

CR2E098 (1/07)

City & State

City & State
JACKSONVILLE FL.

Zip

Country

Zip

32205

Country

USA

4. FEI Number

59-3626630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSTON, KAREN-
3548 ST JOHNS AVENUE
JACKSONVILLE, FL 32205

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Karen G Johnston

Pres.

9-3-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME JOHNSTON, KAREN G ☐ Delete
STREET ADDRESS 4175 ORTEGA BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE V.P.
NAME DAVID JOHNSTON ☐ Delete
STREET ADDRESS 4175 ORTEGA BLVD
CITY-ST-ZIP JAX FL. 32210

TITLE SEC
NAME JENNIFER PERKINS ☐ Delete
STREET ADDRESS 4248 ORTEGA PL.
CITY-ST-ZIP JAX FL. 32210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600136348646
CITY-ST-ZIP 09/25/08--01058--007 **300.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Signature *Karen G Johnston* KAREN G. JOHNSTON PRES. 9-20-08 904-3892403
Signature and typed or printed name of signing officer/director DATE Daytime Phone #

KS