

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

FILED

02 APR -8 PM 6:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000020811**

1. Corporation Name

Bonway Food Service, Inc.

2. Principal Office Address

1902-C, N.W. 54<sup>th</sup> Ave. Bld F

Suite, Apt. #, etc.

City & State

Margate, Florida

Zip

33063

Country

USA

3. Mailing Office Address

1902-C N.W. 54<sup>th</sup> Ave Bld F

Suite, Apt. #, etc.

City & State

Margate, Florida

Zip

33063

Country

USA

**2001-2002 VBR**

4. Date Incorporated or Qualified  
To Do Business in Florida

Feb. 29 2000

5. FEI Number

65-0991248

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

Donald J. Boniello

100005492391-6

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

3944 Crescent Creek Drive

Suite, Apt. #, Etc.

City

Coconut Creek

State

FL

Zip Code

33073

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

*[Signature]*

Date 4/4/02

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
Pres.	Donald J. Boniello	3944 Crescent Creek Drive	Coconut Creek, FL 33073

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)(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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald J. Boniello

Date

4/4/02 (954) 917-1212

Daytime Phone #

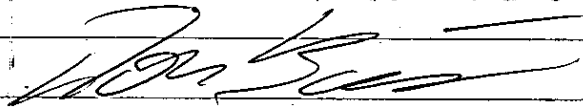
CR2E081 (9/01)

To: Division of Corporations,

282

I Spoke with your office over the phone. We did not receive a renewal form, you mailed it to a wrong address. I have enclosed the form and monies you said you needed to bring my business current with your office.

Thank-you



PRES. BONWAY FOOD SERVICE, INC.