

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR -2 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000031096

1. Corporation Name

Bonus Stores, Inc.

000005282710--2
-04/16/02--01059--006
****900.00 ****900.00

2. Principal Office Address

2520 W. Highway 44

Suite, Apt. #, etc.

City & State

Deland, Florida

Zip

32720

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

3/22/2000

5. FEI Number

☒ 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

Jimmy A. Schafer

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

2520 W. Highway 44

Suite, Apt. #, Etc.

City

Deland

State
FL

Zip Code
32720

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

Jimmy A. Schafer

Date

3/29/02

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	Jimmy A. Schafer	c/o Judith Sullivan Emmet, Marvin & Martin 177 Madison Avenue	Morristown, NJ 07960
Sec/ Treas	Tryggvi Jonsson	c/o Judith Sullivan Emmet, Marvin & Martin 177 Madison Avenue	Morristown, NJ 07960
VP	Jon Asgier Johannesson	c/o Judith Sullivan Emmet, Marvin & Martin 177 Madison Avenue	Morristown, NJ 07960

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
Jimmy A. Schafer

Date

3/29/02

Daytime Phone #

CR2E081 (9/01)