

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 DEC 17 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000031096

**1. Corporation Name**

Bonus Stores, Inc.

**2. Principal Office Address**

1401 Highway 13 North

Suite, Apt. #, etc.

City & State

Columbia, MS

Zip

39429

Country

USA

**3. Mailing Office Address**

1401 Highway 13 North

Suite, Apt. #, etc.

City & State

Columbia, MS

Zip

39429

Country

USA

**REINSTATEMENT** 03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/22/2000

**5. FEI Number**

593652250

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

CT Corporation

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

**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

*Connie Bryan*

**CONNIE BRYAN**  
**SPECIAL ASSISTANT SECRETARY**  
REGISTERED AGENT MUST SIGN

Date

**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	Jon Asgeir Johannesson	Tungata 6	101 Reykjavik, Iceland
D	Johannes Jonsson	Tungata 6	101 Reykjavik, Iceland
VP	A.R. Williams	1400 Highway 13 North	Columbia, MS 39429

**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:**

*Alan Ray Williams*

ALAN RAY WILLIAMS

Date

12-15-2003

Daytime Phone #

601-444-0405