

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000049161**

1. Corporation Name

BONNIE'S MEMORIALS, INC.

Principal Place of Business

**120 EAST SOUTH STREET
STARKE FL 32092**

Mailing Address

**120 EAST SOUTH STREET
STARKE FL 32092**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/2000

5. FEI Number

59-3647981

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

PSTD

JOHNS, BONNIE R

120 EAST SOUTH STREET

STARKE FL 32092

8. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 NOV 15 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

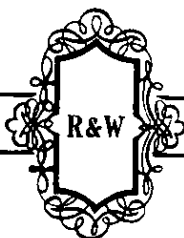


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CR2E040 (8/02)

(904) 964-7555

FAX (904) 964-5887



REDDISH AND WHITE

CERTIFIED PUBLIC ACCOUNTANTS

134 East Call Street P.O. Box 307
Starke, Florida 32091

November 13, 2002

Division of Corporations.
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Reference: Bonnie's Memorials, Inc.
P00000049161

Dear Sir:

The above state client has never received the first notice for the Annual Report for the year 2002. Cannot be sure if it was lost in the mail or what may have happened.

Would you please accept the check enclosed for \$150.00 for the annual fee without penalizing them with reinstatement fees, since they never received the first notice?

Sincerely,

REDDISH & WHITE, CPA'S

E. Marie Polk
Bookkeeper