

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR REINSTATEMENT

DOCUMENT # P00000049164

1. Corporation Name

BOBBIE JOHNS RENTALS, INC.

Principal Place of Business

120 EAST SOUTH STREET
STARKE FL 32091

Mailing Address

120 EAST SOUTH STREET
STARKE FL 32091

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

4. Date Incorporated or Qualified To Do Business in Florida

05/18/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3677983

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	JOHNS, BONNIE R	120 EAST SOUTH STREET	STARKE FL 32091

700009007807
11/14/02--01089--008 **150.00

[Handwritten Signature]
11/20

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

CR2E040 (8/02)

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 REQUIRED

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

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: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/08/02
Date

Daytime Phone #



REDDISH AND WHITE

(904) 964-7555

CERTIFIED PUBLIC ACCOUNTANTS

FAX (904) 964-3887

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 Johns Rentals, Inc.
P00000049164

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