

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 APR -9 AM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01-03

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04/09/03--01067--032 \*\*58.75

700015561517  
04/09/03--01067--031 \*\*1000.00

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P00000061006

**1. Corporation Name**

BLE BONIT, INC

**2. Principal Office Address**

1011 NW 196 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33169

Country

U.S.A.

**3. Mailing Office Address**

1011 NW 196 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33169

Country

U.S.A.

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

06/19/00

**5. FEI Number**

65-1020351

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

PIERRE CHARLES SENATUS

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

1011 NW 196 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33169

**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

REGISTERED AGENT MUST SIGN

Date 09/10/02

**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	PIERRE CHARLES SENATUS	1011 NW 196 TERR.	MIAMI FL 33169
TREAS	PIERRE CHARLES SENATUS	1011 NW 196 TERR	MIAMI FL 33169
SEC	PIERRE CHARLES SENATUS	1011 NW 196 TERR	MIAMI FL 33169

**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

09/10/02

Date

305 759-9379

Daytime Phone #

CR2E081 (9/01)