
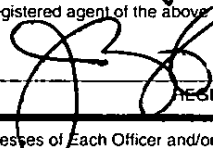
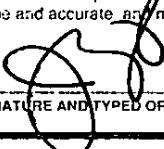


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 JUN 10 AM 9:40 SECRET FALL 2010
DOCUMENT # P00000094917			
1. Corporation Name Law Offices of James A. Bonfiglio, P.A.			
2. Principal Office Address 5616 N. Ocean Blvd Suite, Apt. #, etc.		3. Mailing Office Address 5616 N. Ocean Blvd Suite, Apt. #, etc.	
City & State Ocean Ridge Fla.		City & State Ocean Ridge Fla.	
Zip 33435	Country USA	Zip 33435	Country USA
4. Date Incorporated or Qualified To Do Business in Florida Oct 9, 2000		5. FEI Number 651055854	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name James A. Bonfiglio			
Street Address (P.O. Box Number is Not Acceptable) 5616 N. Ocean Blvd.			
Suite, Apt. #, Etc. 03-05			
City Ocean Ridge		State FL	Zip Code 33435
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 		Date 06/06/05	
REGISTERED AGENT MUST SIGN			
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	James A. Bonfiglio	5616 N. Ocean Blvd.	Ocean Ridge Fl. 33435
PI/UP S/Tr.	James A. Bonfiglio	5616 N. Ocean Blvd	Ocean Ridge Fl 33435
600055983336 06/09/03--01072--004 **450.00			
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: 		Date 06/06/05	Daytime Phone # 561-734-4503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (01/05)

Law Office of James A. Bonfiglio, P.A.

*Phillips Point - West Tower
777 South Flagler Drive Suite 800
West Palm Beach, Florida, 33401*

*James A. Bonfiglio, Esq.
Web Site: Fightforeclosure.com
e mail: talalawyer@aol.com*

*Post Office Box 1489
Boynton Beach, Florida 33425-1489
Phone: 561-734-4503 Fax: 561-734-1872*

*Please reply to:
Post Office Box 1489
Boynton Beach, FL 33425-1489*

June 6, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida
32314-6327

Re: The Law Offices of James A. Bonfiglio, P.A.

Dear Sir or Madame:

I recently discovered that The Law Offices of James A. Bonfiglio, P.A. was involuntarily dissolved administratively for failure to file the annual report. I called your office and was instructed to fill out the reinstatement form. I advised the clerk that the corporation was dissolved because my bookkeeper filed out the change of address for the registered agent to 5616 N. Ocean Blvd., Ocean Ridge, Fla. but inadvertently failed to change the address for the corporation. Therefore, it appears that the annual report form went to the old, incorrect address and was never forwarded to the new address. I would respectfully request that the Dept of State waive the penalty and accept the enclosed check of \$450.00.

If you have any questions or comments, please feel free to call.

Respectfully yours,


JAMES A. BONFIGLIO, ESQ.

JAB:jb
encs.