


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000114575		
1. Entity Name BONITA BRITISH OPEN, INC.		

FILED

07 FEB 22 PM 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 24630 S TAMiami TRAIL UNIT 1 BONITA SPRINGS, FL 34134	Mailing Address 9179 BRENDAN PRESERVE COURT BONITA SPRINGS, FL 34135
---	--



02082007 REINSTATEMENT 02082007 00000000

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 24630 S Tamiami Trail #1
Suite, Apt. #, etc.	Suite, Apt. #, etc. #1
City & State	City & State Bonita Springs FL
Zip	Zip 34134
Country	Country US

4. FEI Number 59-3692962	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent NABBS, BERNARD 9179 BRENDAN PRESERVE COURT BONITA SPRINGS, FL 34135	
--	--

7. Name and Address of New Registered Agent Name: Nabbs, Bernard Street Address: 24630 S Tamiami Trail #1 City: Bonita Springs FL 34134	
--	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <i>B. Nabbs</i>	DATE: 2/15/07

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
-----------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NABBS, BERNARD 9179 BRENDAN PRESERVE COURT BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NABBS, PATRICIA ANN 9179 BRENDAN PRESERVE COURT BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

800089580948  
02/27/07--01017--020 \*\*300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>B. Nabbs</i>	DATE: 2/15/07