

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

10/12  
**FILED**

03 NOV 18 PM 5:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000072422**

1. Corporation Name

**NAPLES SCHOOL BUS INC**

Principal Place of Business

Mailing Address

649 5TH AVE SOUTH  
NAPLES FL 34102

649 5TH AVE SOUTH  
NAPLES FL 34102

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

07/23/2001

5. F.E.R. Number

51-0422009  
APPLIED FOR

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BONDARENKO, MICHAEL G	649 5TH AVE SOUTH	NAPLES FL 34102

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BONDARENKO, MICHAEL G  
649 5TH AVE SOUTH  
NAPLES FL 34102

Name

MICHAEL BONDARENKO

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

895 10TH ST SOUTH

Suite, Apt. #, Etc.

Suite 302 D

City

NAPLES

State

FL

Zip Code

34102

CR2E040 (7/03)

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

REGISTERED AGENT MUST SIGN

Date

10/10/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL BONDARENKO

Date

10/10/03

Daytime Phone #

239-434-0777

10/18/03

2052

Division of Corporations

Dear Sirs:

~~In regard to your most recent letter, I paid my fees on time as you can see by the~~

cancelled check, I later received a letter from you asking for my EIN number which I  
supplied promptly, you have now written me saying that my business is being dissolved.

Please check your records again. I have sent everything in a timely manner and feel no  
further charges are due at this time. I have enclosed copies of everything you asked for,  
once again.

Thank you,

  
Michael Bondarenko