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PLEASE READ ALL INSTRUCTIONS BEFORE C... FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000088456

1. Corporation Name

BONNIE ESTATES LIMITED OF FLORIDA, INC.

REINSTATEMENT 08-04

2. Principal Office Address		3. Mailing Office Address	
300 SEVILLA AVENUE		300 SEVILLA AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
201		201	
City & State		City & State	
CORAL GABLES FL		CORAL GABLES FL	
Zip	Country	Zip	Country
33134	USA	33134	USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/07/2001

5. FEI Number: 65-1136641 ☐ 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: RICARDO LEYVA

Street Address (P.O. Box Number is Not Acceptable): 300 SEVILLA AVENUE

Suite, Apt. #, Etc.: 201

City	State	Zip Code
CORAL GABLES	FL	33134

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: RM Date: _____

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PD	RICARDO LEYVA	300 SEVILLA AVENUE 201	CORAL GABLES, FL 33134

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: RM 7-2-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MW

STF FL352524F.1

Florida Department of State

Division of Corporations

Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

BONNIE ESTATES LIMITED OF FLORIDA, INC.

Certificate of Status	0
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