

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 1082

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 20 AM 8:01

DOCUMENT # P01000093824

1. Corporation Name

BRONZE BUNZ, INC.

Principal Place of Business

Mailing Address

330 NARRAGANSETT ST NE
PALM BAY FL 32907

330 NARRAGANSETT ST NE
PALM BAY FL 32907



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

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

593-748282

Not Applicable

Zip

Country

Zip

Country

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
D	PANTON, HAGAN	330 NARRAGANSETT ST NE	PALM BAY FL 32907

300008635783

10/28/02--01114--014 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PANTON, HAGAN
330 NARRAGANSETT ST NE
PALM BAY FL 32907

Name

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

Suite, Apt. #: Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02

CR2E040 (8/02)

pg 202



General Nutrition Center

Hagen Panton... (Owner/Operator)

GNC 7696 : 855 Palm Bay Road, Suite 102 ~ ~ West Melbourne, FL 32904

Phone (321) 726-0909 ~ Fax (321) 726-9590 ~

GNCHagen @aol.com ~ ~ Cell: (321) 591-6959

Florida Dept of State

10/25/2002

To whom it may concern,

I recently received a "notice of administrative dissolution of revocation" from your dept. I did not receive any communication regarding the renewal of my corporation. We had a major problem with mail at my location throughout the year which forced me to purchase a post office box.

When I received this form I called your office immediately and spoke with Eulg. I was very concerned. I have never been late on any of my corporation dues. My only explanation is the problem with mail. I was informed by Eulg, that my renewal notice was returned to your office earlier this year. She instructed me to send this letter and a check for 150.00\$ as soon as possible. It was done the same day.

Please forgive me and renew my corporation at the 150.00 rate. I can assure you that this will never happen again.

Please change my mailing address to permanently to

P.O. Box 60236
Palm Bay Fl 32906-0236

Hagen Panton
Bronze Bunz Inc.

A handwritten signature, appearing to be "Hagen Panton", followed by the date "10/25/02".