

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 27 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000082127**

1. Corporation Name

BONITA SPRINGS EATERY, INC.

Principal Place of Business

Mailing Address

22250 FOUNTAIN LAKES BLVD APT 215
ESTERO FL 33928

22250 FOUNTAIN LAKES BLVD APT 215
ESTERO FL 33928



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

*45-048-8658

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
	President Patricia Ryan	22250 Fountain Lakes Blvd. #215	Bonita Springs FL 33928

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RYAN, PATRICIA
22250 FOUNTAIN LAKES BLVD APT 215
ESTERO FL 33928

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

Patricia Ryan
REGISTERED AGENT MUST SIGN

Date 10/13/03

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:

Patricia Ryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03 2399485556
Date Daytime Phone #

October 14, 2003

Dear Sir or Madam,

I have just gotten of the telephone with an examiner. He told me to fill out this paper and send it back. I had previously sent the original form on September 10, with a check for 550.00.

According to the examiner, he said it was sent back because I didn't fill in one line, however I never received the copy.

The I received this enclosed form.

The examiner told me not to send money with this form, just to fill it in, and notify you that I never received the previous copy back in the mail.

Any questions, my phone number is 239-948-5556.

thank you

Patricia Ryan