

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P02000099530</b> 1. Entity Name <b>BANDONNA, INC.</b>						<b>FILED</b> <b>05 JUN -1 AM 10: 02</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>3948 S THIRD ST STE 187 JACKSONVILLE BCH, FL 32250</b>				Mailing Address <b>3948 S THIRD ST STE 187 JACKSONVILLE BCH, FL 32250</b>			
2. Principal Place of Business		3. Mailing Address		<b>REINSTATEMENT 04-05</b>  <b>04123104 90272 034 \$150.00</b> <b>04292005 REIN-P CR2E098 (6/04)</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>05-0530752</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>STOKES, DONNA J.</b> <b>3948 S THIRD ST STE 187</b> <b>JACKSONVILLE BCH, FL 32250</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____			
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: <span style="float: right;">5-11-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEB 13 \$800.00</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST</b> <b>STOKES, DONNA J</b> <b>3948 S THIRD ST STE 187</b> <b>JACKSONVILLE BCH, FL 32250</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700055709437</b> <b>06/03/05--01026--002 **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>STOKES, GARY R</b> <b>3948 S THIRD ST STE 187</b> <b>JACKSONVILLE BCH, FL 32250</b>	<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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:				Date: <b>5-11-05</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>			

# **TAX ADVANTAGE**

Income Tax Services  
Financial & Insurance Services  
Accounting & Bookkeeping Services

**JAMES K. REESE, EA**

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1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

May 26, 2005

Sean Toner, Senior Section Administrator  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Bandonna, Inc. – 2004-2005 Uniform Business Report  
Document #: P02000099530

Dear Mr. Toner:

We are in receipt of your letter dated May 16, 2005. According to the Taxpayer, she never received the letter that included the copy of the 2004 report needing to be corrected. The registered agent for 2004 should have been listed as Donna J. Stokes. Please waive the reinstatement fees and find the 2005 Uniform Business Report and check for \$150. Thank you in advance for your prompt attention to this matter.

If you have any questions, please do not hesitate to contact me.

Sincerely,



James K. Reese, EA

Enclosures:  
Check for \$150.00 for 2005 Annual Report  
Letter from State dated 5/16/05