

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
04 FEB 16 PM 2:03

DOCUMENT # P02000113782

1. Corporation Name

F. Bonilla Inc.
1319 Alpha St.
West Palm Beach, FL 33401

REINSTATEMENT 03-04

500027653995
01/27/04--01017--019 **250.00
500027653995
01/27/04--01017--018 **500.00

2. Principal Office Address

1319 Alpha Street
Suite, Apt. #, etc.

3. Mailing Office Address

1319 Alpha Street
Suite, Apt. #, etc.

City & State

W.P.B. Fla

City & State

W.P.B. Fla

Zip

33401

Country

Palm Beach

Zip

33401

Country

Palm Beach

**4. Date Incorporated or Qualified
To Do Business in Florida**

June 19, 2003

5. FEI Number

33-1063258

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

Jose F. Bonilla

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

1319 Alpha Street
Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33401

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

[Signature]

Date 1-12-04

REGISTERED AGENT MUST SIGN

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
<u>President</u>	<u>Jose F. Bonilla</u>	<u>1319 Alpha Street</u>	<u>W.P.B. FL, 33401</u>
<u>V. Pres.</u>	<u>"</u>	<u>"</u>	<u>"</u>
<u>Treas.</u>	<u>"</u>	<u>"</u>	<u>"</u>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/04
Date

(561) 722-5332
Daytime Phone #