

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR 22 PM 1:02


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700175183857

04/09/10--01034--020 **158.75

REINSTATEMENT 08-10

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000 118959

1. Corporation Name

BOB BERNOTUS, INC..

WID -17653

2. Principal Office Address - No P.O. Box # DR 3722 GLEN OAKS MANOR DR
3. Mailing Office Address 3722 GLEN OAKS MANOR DR

Suite, Apt. #, etc.

City & State SARASOTA, FL SARASOTA, FL

Zip Country 34232 SARASOTA 34232 SARASOTA

4. Date Incorporated or Qualified To Do Business in Florida 10/23/03

5. FEI Number 20-0336627 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 ROBERT J. BERNOTUS
Street Address (P.O. Box Number is Not Acceptable) 3722 GLEN OAKS MANOR DR
Suite, Apt. #, Etc.
City SARASOTA State FL Zip Code 34232

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee 700175183857 04/22/10--01029--009 **291.25

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 Robert J. Bernotus Date 4/6/10
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
Pres.	ROBERT J. BERNOTUS	3722 GLEN OAKS MANOR DR.	SARASOTA, FL 34232

REINSTATEMENT RH

10. E-mail Address: EATONLIT@AOL.COM
(To be used for future annual report notification)

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. I further certify, 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: Robert J. Bernotus ROBERT J. BERNOTUS 4/6/10 941-2667634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #