

2007 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P05000044372

1. Entity Name
BONITA 2005, INC.



07 MAR 15 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4046 ARTHURIUM AVE
LANTANA, FL 33462

Mailing Address
4046 ARTHURIUM AVE
LANTANA, FL 33462

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122007 REIN-F CR2E098 (1707)

REINSTATEMENT

4. FEI Number

☒ Applied For
☐ Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
ARIAN BERISHA

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

4046 ARTHURIUM AVE

City LANTANA

FL

Zip Code
33462

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

[Signature]

ARIAN BERISHA 3-12-2007

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
DPT
BERISHA, ARMEND
STREET ADDRESS
4046 ARTHURIUM AVE
CITY-ST-ZIP
LANTANA, FL 33462 ☐ Delete

TITLE
NAME
DVS
BERISHA, ARIAN
STREET ADDRESS
4046 ARTHURIUM AVE
CITY-ST-ZIP
LANTANA, FL 33462 ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700093758517
03/20/07--01012--023 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARIAN BERISHA 3-12-2007

Date

561 818 5045

Daytime Phone #

K. Eckel MAR 15 2007

2/2

• DATE: 3-12-2007

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS


FROM: BONITA 2005, INC.
ARIAN BERISHA

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS FOR 2006.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTLY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 561 818 5045.

THANKS,



BONITA 2005, INC.
ARIAN BERISHA