

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000168108

1. Entity Name
BONNA BEAUTY INTERNATIONAL INC.



FILED

2008 MAR 18 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business →
11041 BEACH BLVD 5800 RAMONA BLVD
#A75 #C171, C172
JACKSONVILLE, FL 32240 JACKSONVILLE, FL 32205

Mailing Address
13052 SIR ROGERS CT. S
JACKSONVILLE, FL 32224

2. Principal Place of Business - No P.O. Box #
5800 RAMONA BLVD

3. Mailing Address 13052 SIR ROGERS
CT. S, JACKSONVILLE, FL 32224

Suite, Apt. #, etc. #C171, #C172

Suite, Apt. #, etc.

City & State JACKSONVILLE, FL

City & State JACKSONVILLE, FL

Zip 32205

Country USA

Zip 32224

Country USA



02292008 REIN-P. CR2E098 (1/07) 07108

4. FEI Number # 42-1688823

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SREY, BONNA N
13052 SIR ROGERS CT. S
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

Name BONNA N SREY
Street Address (P.O. Box Number is Not Acceptable)
13052 SIR ROGERS CT S
City JACKSONVILLE FL Zip Code 32224

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

Bonna Srey

(NOTE: Registered Agent signature required when reinstating)

2/29/2008

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SREY, BONNA N
STREET ADDRESS 13052 SIR ROGERS CT. S
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE VP ☐ Delete
NAME SREY, RAMING
STREET ADDRESS 13052 SIR ROGERS CT. S
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 000120637560
STREET ADDRESS 03/18/08--01036--021 ***300.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 000120637560
STREET ADDRESS 03/18/08--01036--022 ***8.75
CITY-ST-ZIP

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

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

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

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

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:

Bonna Srey BONNA N SREY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/2008

Date

904-821-5006

Daytime Phone #

MAR 18 2008