

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P07000040886**

1. Corporation Name

Bonhomme International Trading Corp. (BIT Corp)

2. Principal Office Address - No P.O. Box #

14901 sw 114 Ter.

Suite, Apt. #, etc.

City & State

Miami, Fl.

Zip

33196

Country

US

3. Mailing Office Address

14901 sw 114 Ter.

Suite, Apt. #, etc.

City & State

miami, florida 33196

Zip

33196

Country

US

FILED  
10 APR -8 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 08-10

100175001811  
04/08/10--01043--017 \*\*450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida 04/2007

5. FEI Number  
02-080-4407

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

Karl Bonhomme

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

14901 sw 114 Ter.

Suite, Apt. #, Etc.

City

Miami, Fl.

State

FL

Zip Code

33196

☒ 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 be waived.

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

REGISTERED AGENT MUST SIGN

Date 4/2/10

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
P	Karl Bonhomme	14901 sw 114 Ter.	miami, florida 33196
V	Melissa Bonhomme	14901 sw 114 Ter.	miami, florida 33196

cc 4/12

10. E-mail Address: karl@promiaca.net

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Karl Bonhomme 4/2/10 305-746-7144

305-746-7144