

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name:

Bonnie Inc.

000334817710
10/10/19--01022--012 **300.00

10/10/19--01022--012 **300.00

000334817710
09/20/19--01006--000 **750.00
CORPORATION (REG. CORP.)

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

3. Mailing Office Address:

25 Knight Boxx Rd.

25 Knight Boxx Rd

State, Apt. #, etc.

State, Apt. #, etc.

3104

3104

City & State

City & State

Orange Park, Fl.

ORANGE Park, Fl.

Zip Country

Zip Country

32065

32065

4. Were incorporation/qualifies:
To Do Business in Florida

1-26-2016

5. Identification Number

81-1226520

Applicable for

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

3077. Additional Fee required:
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bonnie Mueller

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

25 KNIGHT BOXX RD #3104

State, Apt. #, etc.

3104

City

ORANGE PARK

State

FL

Zip Code

32065

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 607.0801, F.S.

Signature of Registered Agent

Bonnie Mueller

Date: 9-17-19

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (For a nonprofit corporation, must include title of director)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
N/A			

10. E-mail Address: Jebame x3 @ yahoo.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, 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 607.0415 or 607.042, F.S., and that all fees owed by the corporation have been paid. I further certify the information contained on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s. 817.055, F.S.

SIGNATURE:

Bonnie Mueller

Bonnie Mueller

9-17-19

(904) 463-5153

SECRETARY OF STATE, 1000 BANKERS BUILDING, TALLAHASSEE, FLORIDA 32304-2500