

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 24 PM 2: 12

DOCUMENT # P93000003054

1. Corporation Name

BONITA BEACH BLUES, INC.

Principal Place of Business

Mailing Address

26460 HICKORY BLVD.
BONITA SPRINGS FL 33923

26460 HICKORY BLVD.
BONITA SPRINGS FL 33923



REINSTATEMENT

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0381266

Applied For

Not Applicable

City & State

City & State

Zip 34134 Country

Zip 34134 Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	EMFIELD, ROBERT M	26460 HICKORY BLVD.	BONITA SPRINGS FL 34134
S	EMFIELD, GREGG	11 SOUTH 12TH STREET #103	MINNEAPOLIS MN 55403

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EMFIELD, ROBERT M
26460 HICKORY BLVD.
BONITA SPRINGS FL 33923

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

R.M. Emfield
REGISTERED AGENT MUST SIGN

Date 12/17/01

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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 #