

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2013 AUG 20 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000058437**

1. Corporation Name

Bonita Bell Inc

REINSTATEMENT

CR2E081 (11/10)

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

27259 Rue De Paix

Suite, Apt. #, etc.

3. Mailing Office Address

27259 Rue De Paix

Suite, Apt. #, etc.

City & State

Bonita Springs, Florida

Zip

34135

Country

U.S.A.

City & State

Bonita Springs, Florida

Zip

34135

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida
09-15-93

5. FEI Number

65-0434060

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert R. McGrath

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

27259 Rue De Paix

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34135

300250902073
08/20/13--01027--015 **8.75

300250902073
08/20/13--01027--014 **1050.00

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 **08-15-13**

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	Robert R. McGrath	27259 rue de paix	Bonita Springs, Fl. 34135

10. E-mail Address: **Bonitamc@embarqmail.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 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-15-13

239-992-1004

Date

Daytime Phone #

cc
8/21