

Reinstatement


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB -6 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****750.00 ****750.00
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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000073792			
1. Corporation Name Bonita Brake, Inc. 2001-			
2. Principal Office Address 301 North Ferncreek Suite, Apt. #, etc. City & State Orlando, FL Zip 32803 Country		3. Mailing Office Address 239 Main Street Suite, Apt. #, etc. P.O. Box 1224 City & State Greenville, MS Zip 38702 Country	

4. Date Incorporated or Qualified To Do Business in Florida 10/25/93	
5. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Harold Fitts		
Street Address (P.O. Box Number is Not Acceptable) 301 North Ferncreek Avenue		
Suite, Apt. #, Etc.		
City Orlando	State FL	Zip Code 32803

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 <i>Harold Fitts</i>	Date 01/25/02
REGISTERED AGENT MUST SIGN	

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	Helmuth Meyer	301 North Ferncreek Ave.	Orlando, FL 32803
S	Harold Fitts	301 North Ferncreek Ave.	Orlando, FL 32803

10. 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: <i>Harold Fitts</i>		Secretary	Date: 01/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (9/01)