

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P94000060232

1. Corporation Name

B.N.I., INC.

Principal Place of Business

14450 46TH ST N
#109
CLEARWATER FL 33762
US

Mailing Address

14450 46TH ST N
STE 109
CLEARWATER FL 33762
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/16/1994

5. FEI Number

59-3264581

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	RUSTIN, JIMMY D	6200 EVERGREEN AVE.	SEMINOLE FL 34642
D	MILLER, HAROLD E JR Resigned - No longer a director	2000 FEATHER SOUND DR #C801	CLEARWATER FL
VP	HEAD, JAMES A	2401 OCEAN BLVD UNIT 2001 16222 Hubbard Rd	CLEARWATER FL 33762
VP	William McMillen	2401 NW 40th Circle	Boca Raton FL 33431
			000003050650--5. -11/22/99--01029--004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

JIMMY D. RUSTIN
6200 EVERGREEN AVE
SEMINOLE FL 34642

9. Name and Address of New Registered Agent

Name: Stacy McMillen
Street Address (P.O. Box Number is Not Acceptable): 700 South Federal Highway
Suite, Apt. #, Etc.: Suite 200
City: Boca Raton State: FL Zip Code: 33432

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: Stacy McMillen
REGISTERED AGENT MUST SIGN

Date: 10/26/99

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/26/99

Daytime Phone #

CR2E040 (8/99)