

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 19 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 095000049743

1. Corporation Name

JON' BON, INC.

2. Principal Office Address

6112 Silver Star Road

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32808

Country

USA

3. Mailing Office Address

6112 Silver Star Road

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32808

Country

USA

REINSTATEMENT

96-03

4. Date Incorporated or Qualified
To Do Business in Florida

June 26, 1995

5. FEI Number

☒ Applied For

Applied for

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Van Luu

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

6112 Silver Star Road

Suite, Apt. #, Etc.

City

Orlando, FL

State

FL

Zip Code

32808

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

Nov 7, 03

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, VP, S, T	Van Luu	6112 Silver Star Road	Orlando, FL 32808

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov 7, 03

Daytime Phone #

(407) 522-5700

CR2E081 (10/02)