

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000020819

1. Corporation Name

BONGO BAY, INC.

Principal Place of Business

1 KING STREET  
ST. AUGUSTINE FL 32084

Mailing Address

1 KING STREET  
ST. AUGUSTINE FL 32084



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

BONGO BAY INC

Suite, Apt. #, etc.

1 KING ST SUITE A102

City & State

ST AUGUSTINE FL

Zip

32084

Country

USA

3. New Mailing Office Address, If Applicable

BONGO BAY INC

Suite, Apt. #, etc.

1 KING ST SUITE A102

City & State

ST AUGUSTINE FL

Zip

32084

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/04/1996

5. FEI Number

59-3363854

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	ELLIS, JAMES	200 16TH STREET UNIT B 653 INTRACASTAL CIRCLE	ST. AUGUSTINE FL 32084 32095
VSD	ELLIS, DONNA	200 16TH STREET UNIT B 653 INTRACASTAL CIRCLE	ST. AUGUSTINE FL 32084 32095

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12/26/03--01087--032 \*\*750.00

8. Name and Address of Current Registered Agent

ELLIS, JAMES  
1 KING STREET  
ST. AUGUSTINE FL 32084

9. Name and Address of New Registered Agent

Name

JAMES ELLIS

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

1 KING ST

Suite, Apt. #, Etc.

SUITE A102

City

ST AUGUSTINE

State

FL

Zip Code

32084

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. or 617.0505, F.S.

Signature of  
Registered Agent

*James Ellis*  
REGISTERED AGENT MUST SIGN

Date 12/20/03

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:

*Donna Ellis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/03

Daytime Phone #

CR2E040 (7/03)