

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 NOV -2 AM 11:48

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # P97000004824

1. Corporation Name

BONNINGTON LABORATORIES, INC.

Principal Place of Business

1771 N. POWERLINE RO. POMPANO BEACH FL 33069

Mailing Address

1771 N. POWERLINE RO. POMPANO BEACH FL 33069

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



REINSTATEMENT

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2. New Principal Office Address, If Applicable

~~3101 McWAB Road~~

3101 McWAB Road

Pompano Beach, FL

Zip 33069

3. New Mailing Office Address, If Applicable

~~1771 North powerline Rd~~

1771 North powerline Rd

Pompano Beach, FL

Zip 33069

4. Date Incorporated or Qualified To Do Business in Florida

01/16/1997

5. FEI Number

65-0720840

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for REEVES, ROBERT K and BARTLETT, JOEL P.

8. Name and Address of Current Registered Agent

BARTLETT, JOEL P 8564 NW 60TH CT. PARKLAND FL 33067

9. Name and Address of New Registered Agent

Name: Jill Reeves, Street Address: 1771 N. Powerline Road, City: Pompano Beach, State: FL, Zip Code: 33069

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

SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

Date

10/24/00

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

Date

10/24/00

Daytime Phone #

954-971-2677

KE