

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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.

2. New Principal Office Address, If Applicable

~~3101 MCNAB ROAD~~

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33069

Country

3. New Mailing Office Address, If Applicable

~~1771 North powerline Rd~~

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33069

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	REEVES, ROBERT K	6908 NW 33 ST	MARGATE FL 33063
D	BARTLETT, JOEL P	8564 NW 60TH CT.	PARKLAND FL 33067

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 (P.O. Box Number is Not Acceptable)

1771 N. Powerline Road

Suite, Apt. #, Etc.

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]
SIGNATURE REQUIRED

Date **10/24/00**

REGISTERED AGENT MUST SIGN

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

Date

10/24/00

Daytime Phone #

954-971-2677

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

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CR2E040 (8/00)

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