

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # P97000024472

1. Corporation Name

BONITA MAIL STOP, INC.

Principal Place of Business

26831 S. TAMiami TR  
#51  
BONITA SPRINGS FL 34134

Mailing Address

28615 CLINTON LANE  
BONITA SPRINGS FL 34134

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

03/13/1997

5. FEI Number

59-3435168

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
D	BRAZELTON, DONALD E	28615 CLINTON LANE	BONITA SPRINGS FL 34134
D	BRAZELTON, DONNA L	28615 CLINTON LANE	BONITA SPRINGS FL 34134

8000008765748  
11/04/02--01002--029 \*\*150.00

8. Name and Address of Current Registered Agent

BRAZELTON, DONNA L  
28615 CLINTON LANE  
BONITA SPRINGS FL 34134

9. Name and Address of New Registered Agent

Name

Donna Brazelton

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

26831 S. Tamiami Tr #51

Suite, Apt. #, Etc.

City

Bonita Sp

State

FL

Zip Code

34134

CR2E040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/02

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

Daytime Phone #

239-  
10/28/02 948-0848

**BMS**

<sup>2012</sup>  
**Bonita Mail Stop, Inc.**

26831 S. Tamiami Tr.

Unit #51

Bonita Springs, FL 34134

YOUR OFFICE EXTENSION

October 28, 2002

Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please accept the enclosed reinstatement application, for Bonita Mail Stop, Inc.  
I have searched my record and could not find a copy of this received this year.

We have another Corporation in the State of Florida, "Alby of Bonita Springs, Inc.",  
I would appreciate you researching this corp. also as I find no record of receiving a  
Report for either 2001 or 2002 for this corporation.

I would like to have the reinstatement fee waived for both companies since I have no  
record of receiving either form. However I did receive and pay for Bonita Mail Stop in  
April of 2001. If I must pay the reinstatement fee, please notify me at the above address.

Sincerely,

BONITA MAIL STOP, INC.

  
Donna Brazelton

Enc: Check