PAGE 1 OF 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION [redacted]

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 16 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000027245

1. Corporation Name
BONA FINANCIAL GROUP, INC

600008452426
10/18/02--01059--007 **150.00

2. Principal Office Address	3. Mailing Office Address
28100 U.S. 19 NORTH	SAME
Suite, Apt. #, etc.: SUITE 301	Suite, Apt. #, etc.:
City & State: CLEARWATER, FL	City & State:
Zip: 33761 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 3-21-97

5. FEI Number: 65-1026395 ☐ 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: NICK P. COLA, CPA
Street Address (P.O. Box Number is Not Acceptable): 2759 STATE ROAD 580
Suite, Apt. #, Etc.: SUITE 211
City: CLEARWATER
State: FL Zip Code: 33761

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: Nick P. Cola, CPA, P.A.
REGISTERED AGENT MUST SIGN
Date: 9/6/02

CR2E081 (9/01)

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	RAFAEL G. BONA	1694 BAYHILL DRIVE OLDSMAR, FL 34677	OLDSMAR, FL 34677
V	IRIS M CLEDERA-BONA	1694 BAYHILL DRIVE OLDSMAR, FL 34677	OLDSMAR, FL 34677
		02 4BR	

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

9.5.02
Date

727.797.0510
Daytime Phone #

Page 2 of 2

Bona Financial Services, Inc.
28100 US 19 N., Suite 301
Clearwater, FL 33761
727-797-0510 Phone
727-797-0511 Fax

October 10, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

During my conversation with my CPA the subject came up about the Uniform Business Report and I realized I did not receive the form.

Enclosed is a reinstatement form for 2002 along with a check for the original amount due.

Thank you very much for your attention to this matter.

Sincerely,

Rafael G. Bona
President