

## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # **P97000072689**

1. Corporation Name

## B 'N' A ENTERPRISES, INC.

PURCERETARY OF STATE
PURSION OF CORPORATION:

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Principal Place of Business Mailing Address															
14237 CRYSTAL COVE DRIVE SOUTH 14237 CRYST			TAL COVE DRIVE SOUTH												
JACKSONVILLE FL 32224 JACKSONVILL			.E FL 32224			IB 18117 18811 8811 88111 88111 88111 18818 11	010 02101 10310 1011 1001								
If above addresses are incorrect in any way, line through incorrect information and enter correction below.															
			ng Office Address, If Applicable		Date incorporated or Qualified     To Do Business in Florida										
Suite, Apt. #, etc. Suite, Apt. #		etc.		U8/21/1997											
City & State City & State		City & State			59-3465360 Applied For Not Applicable										
Zip	ip Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status										
7. Names	and Street Addresses of Each Officer and/	or Director (Flor	rida nonorofit corpora	tions must list at lea		Tor a	Certificate of Status								
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip										
SVD	SILVA, BRUCE D		14237 CRYSTAL COVE DRIVE SOUTH		UTH	JACKSONVILLE FL 32224									
PTD	SILVA, ADAM L		14237 CRYSTAL COVE DRIVE SOUTH		UTH	JACKSONVILLE FL 32224									
						07-07-00 90461	0.9 \$150.0								
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						-11/07/00010 ****400.00 *									
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8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent											
SILVA, ADAM L 14237 CRYSTAL COVE DRIVE SOUTH JACKSONVILLE FL 32224				Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.											
												City	··	State 2	ip Code
								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															
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  10/18/00 221-7881  Date Phone #															

on October 13, 2000, for B 'N' A Enterprises, Inc. I filed the original Annual Report and received a late notice on July 11, 2000. I called and spoke to Leslie in your department, who was very helpful. She informed me that it was being processed, and was to be completed by July 18, 2000. She informed me that if I did not hear anything, to assume everything was processed.

On October 13, 2000, I received a "Notice of Administrative Dissolution or Revocation", which was the first notice I received since July 11, 2000. I called immediately and was told by Cathy that a letter went out on July 18, 2000, telling me the Division needed the late fee. I never received that correspondence. Cathy told me to write this letter explaining the situation and send the required late fee.

Thank you very much for your time and attention to this matter. Please call me immediately if you need anything more from me, at (904) 221-7881.

Sincerely,

adam L. Silva