

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 27 PM 3:49

DOCUMENT # **P97000086072**

1. Corporation Name

BON AD, INC.

Principal Place of Business

Mailing Address

1120 GOODLETTE RD N
NAPLES FL 34102

1120 GOODLETTE RD N
NAPLES FL 34102



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3494358

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	BODE, SVEN	1120 GOODLETTE RD N	NAPLES FL 34102

000004717650--8
-12/10/01--01117--024
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~NOLD, JOHN A~~
1120 GOODLETTE RD N
NAPLES FL 34102

Name **SVEN BODE**
Street Address (P.O. Box Number is Not Acceptable)
1120 GOODLETTE RD N
Suite, Apt. #, Etc.
City **Naples** State **FL** Zip Code **34102**

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

Date **11-20-01**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941)
11-20-01 6596590



BON AD Inc.
INT'L ADVERTISING



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

Reinstallment of Corporation.

Naples 11.20.2001

Dear Sir/Madam:

Recently I received a notice that my Corporation was dissolved on 9/21/01
This came as a surprise to me as I did not receive the renewal notice this year.

This could have been due to a partnership split early this year.
The information could have been discharged be one of my ex- business partners or an ex- employee in error.

I am asking kindly for consideration on waiving the late fees due to the circumstances.

Sincerely,
Sven J. Bode

1120 Goodlette rd. north
Naples, FL 34102
phone 941. 659. 6590
fax 941. 659. 6591
e-mail mail@bonad.com
www.bonad.com