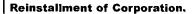
|  | ارُم  | PLEAS           | E READ /                             | ALL INST   | RUCTION                                  | NS BEFORE C  | OMPLET   | ING THIS FO                          | ORM.                      |                                  |                         |             |
|--|---|-----------------|--------------------------------------|--|--|--|--|--------------------------------------|---------------------------|----------------------------------|-------------------------|-------------|
| FLORIDA DEPARTMENT OF STATEMENT |   |                 |                                      |  |  |  | SEURE TARY OF STAIL VISION OF CORPORATE  |                                      |                           |                                  |                         |             |
| DOCUMENT # <b>P97000086072</b> 1. Corporation Name   |   |                 |                                      |  |  |  |  | 01 NOV 27 PM 3:49                    |                           |                                  |                         |             |
| BON A  | D, INC.   | American Care   |                                      |  |  |  |  | and the second series of the second  | سرستين مور ي              |                                  |                         |             |
| Principal F  | Place of Busines  | is <sub>7</sub> |                                      | Mailing Addr   | ess                                      | a contract of  | The state of the s | ugen a                               |                           |                                  |                         |             |
| 1120 GOODLETTE RD N :<br>NAPLES FL 34102   |   |                 |                                      | 1120 GOODLETTE RD N NAPLES FL 34102                  |  |  |  |                                      |                           |                                  |                         |             |
|  | addresses are i   |                 | <u> </u>                             |  | nformation and er<br>ng Office Addres    | nter correction below.<br>s, If Applicable   | Date Incorp     To Do Busing   | porated or Qualified ness in Florida |                           |                                  |                         | 7 -         |
| Suite, Apt. #, etc.  |   |                 |                                      | Suite, Apt. #, etc.                                  |  |  | 10/06/1997   |                                      |                           |                                  | 4                       |             |
| City & State   |   |                 |                                      | City & State   |  |  | F0-24043E0   |                                      |                           | Applicable                       |                         |             |
| Zip Country  |   |                 | Zip Country                          |  | untry                                    | 6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee re for a Certificate of Sta                              |  |                                      |                           | đ                                |                         |             |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit con   |   |                 |                                      |  |  |  |  |                                      |                           |                                  | 7                       |             |
| Title(s)   | Title(s) Name of Officers and/or Directors                |                 |                                      | Street Address of Each<br>Officer and/or Director    |  |  | City / State / Zip   |                                      |                           |                                  |                         |             |
| D  | D BODE, SVEN  |                 |                                      | 1120 GOODLE  | TTE RD N                                 |  | NAPLES FL 34102  | 2                                    |                           |                                  |                         |             |
|  |   |                 |                                      |  |  |  |  | 0004.7<br>-12/10/0<br>****150        | 1101<br>1.00<br>(h n)     | .11702<br>****150<br><b>\</b> Ç  | 24                      |             |
|  | 8. Name   | and Addre       | ss of Current R                      | egistered Age  | ent                                      | Name   |  | Address of New Reg                   | istered A                 | gènt                             |                         | (8/01)      |
| NOLD, JOHN A<br>1120 GOODLETTE RD N<br>NAPLES FL 84102   |   |                 |                                      |  |  | Street Address (D  | SVEN GODE  Street Address (P.O. Box Number is Not Acceptable)  // 20 GODDETTERJ. W.  Suite, Apt. #, Etc/   |                                      |                           |                                  |                         | CR2E040 (8/ |
| ~.   |   |                 |                                      |  |  | City Nap   | les  |                                      | State                     | Zip Code                         | <br>ح ح                 |             |
| 10. I, being Signature of Registered   | of  | registered a    | igent of the abov                    | J.L.   | ention, am familia                       | ar with and accept the ob  |  | ion 607.0505, F.S.                   |                           |                                  |                         |             |
| this rein  | nstatement app<br>by the corporation<br>application is to | lication, the i | eason for dissol<br>n paid and the n | ution has been<br>ames of individ<br>nature shall ha | eliminated, the o<br>uals listed on this | cute this application as p<br>orporate name satisfies is<br>form do not qualify for a<br>effect as if made under | the requirements<br>an exemption undo<br>ath.  | of section 607.0401                  | or 617.04<br>(i), F.S. Ti | 01, F.S., that<br>ne information | all fees<br>n indicated |             |





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



Naples 11.20.2001

Dear Sir/Madam:

Recently I received a notice that my Corporation was dissolved on  $\frac{9}{21}/01$ 

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 Syen 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

