

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 11 PM 1:24

DOCUMENT # P97000105161

1. Corporation Name

BONHAM ENTERPRISES, Inc

2. Principal Office Address

P.O. BOX 1017

Suite, Apt. #, etc.

3. Mailing Office Address

10162 Culpepper Ct.

Suite, Apt. #, etc.

City & State

Windermere FL

City & State

Orlando FL

Zip

34786

Country

ORANGE

Zip

32836

Country

ORANGE

4. Date Incorporated or Qualified To Do Business in Florida

9-11-97

5. FEI Number

59-3484702

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

Kevin Knight

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

332 N. Magnolia Ave.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32836

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

Date

12/7/00

REGISTERED AGENT MUST SIGN

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	Donna Suzanne Bonham	10162 Culpepper Ct.	Orlando FL 32836
V	Donna Suzanne Bonham	Same as ABOVE	

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***150.00 ***150.00

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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

Donna S. Bonham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-00

Date

407-947-4590

Daytime Phone #

097000105161

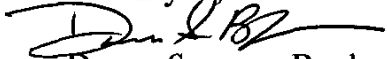
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BONHAM ENTERPRISES BONHAM ENTERPRISES

TO FLORIDA DEPARTMENT OF STATE:

I am requesting to reinstate my corporation due to a change in address I did not receive any of the annual forms that were needed for the continuation of this business.

Thank you



Donna Suzanne Bonham
President