

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 OCT 25 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000059360

1. Corporation Name

BONITA CASA, INC.

Principal Place of Business

3409 PELICAN LANDING PARKWAY
BONITA SPRINGS FL 34134

Mailing Address

3409 PELICAN LANDING PARKWAY
BONITA SPRINGS FL 34134



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

2. New Principal Office Address, If Applicable
25130 Ridge Oak Dr

Suite, Apt. #, etc.
Bonita Springs, FL

City & State

Zip 34134 Country USA

3. New Mailing Office Address, If Applicable
25130 Ridge Oak Dr

Suite, Apt. #, etc.
Bonita Springs, FL

City & State

Zip 34134 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/06/1998

5. FEI Number

59-3520191

Applied For

Not Applicable

6.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	SCANDALE, DAWN	3409 PELICAN LANDING PARKWAY	BONITA SPRINGS FL 34134
PSTD	Pickenpack, Thies	25130 Ridge Oak Dr.	Bonita Springs, FL.

580003034305--2
-11/03/99--01082--020
****750.00 ****750.00

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name
Bond, Schoeneck + King

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

26811 South Bay Dr, # 200

Suite, Apt. #, Etc.

City
Bonita Springs

State
FL

Zip Code
34134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0506, F.S.

Signature of Registered Agent Bond, Schoeneck and King, P.A. by David L. Dawson, partner. Date 10/20/99
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: Thies Pickenpack, J.P.R. &
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/99 941-495-8337
Date Daytime Phone #

KE

CR02040 (8/99)