

CASE REPAIR AND INSTRUCTIONS E  
 FLORIDA DEPARTMENT  
 The Har  
 Secretary, Sta  
 DIVISION OF CORPORA

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99 NOV 15 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Mailing Address

27161 EDENBRIDGE COURT  
BONITA SPRINGS FL 34135

2. New Employer Office Address, If Applicable  
132 Sharwood Drive  
Suite, Apt. #, etc.

3 New Mailing Office Address, if Applicable  
132 Sharwood Drive  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

08/27/1998

5. FEI Number

Applied For

APPLIED FOR

Not Applicable

6.

**CERTIFICATE OF STATUS DESIRED** ☐ **\$8.75 Additional Fee required for a Certificate of Status**

City & State:  
NAPLES, FL

Zip 34160

Country  
USA

City & State  
NAPLES, FL

Zip 34110

Country USA

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
D	VETTER, RICHARD	27101 EDENBRIDGE COURT - 132 SHARWOOD DR. FL.	BONITA SPRINGS FL 34135 - NAPLES FL. 34110
D	SHOUP, PETER	27101 EDENBRIDGE COURT. 132 SHARWOOD DR FL.	BONITA SPRINGS FL 34135 - NAPLES FL. 34110
			500003060005--5 -12/03/99--01063--006 ****150.00 ****150.00 LS

8. Name and Address of Current Registered Agent

**9. Name and Address of New Registered Agent**

DAVID MCEL RATH, P.A.  
4001 TAMiami TRAIL NORTH SUITE 250  
NAPLES FL 34103

Name \_\_\_\_\_

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

Suite, Apt. #, Etc.

City

NAPLES

Sta	
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FL

Zip Code	
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54105

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  
Inspected Agent:

Date 22 OCT 95

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 #

0000013 AF

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**Treadwell, Cimino & McElrath**  
*Attorneys at Law*

Gulf Coast Bank Building  
3838 Tamiami Trail North  
Suite 410  
Naples, Florida 34103-3586

Telephone (941) 262-1202  
Facsimile (941) 262-5219

Thomas L. Treadwell  
Richard D. Cimino, P.A.†  
David McElrath, P.A.

*†Also admitted in Nebraska and Kansas*

24 October 1999

Division of Corporations  
Annual Reports Filings  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Bonita Concrete Services, Inc.  
Document # P98000075008

Dear Sir or Madam:

Please be advised that my client, Bonita Concrete Services, Inc., never received your annual report form. You will note that the address has been changed.

Please find enclosed the completed 1999 annual report together with a check in the amount of \$150.00. Should you have any questions regarding this matter, please feel free to contact my office.

Thank you,

  
David McElrath  
DLM:lgk

Enclosures as stated

cc: client