

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

01 APR 16 PM 4:00

DOCUMENT #

P99000070554

1. Corporation Name

BOGERT'S OF BONITA INC.

200004035202--1
-04/20/01--01057--017
****900.00 ****900.00

2. Principal Office Address

5990 WINKLER ROAD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS FL.

City & State

Zip

33919

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4-10-1999

5. FEI Number

65-0939360

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

NICOLAAS BOGERT

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

129 S.E. 32nd street

Suite, Apt. #, Etc.

City

CAPE CORAL

State
FL

Zip Code

33906

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 3-22-01

REGISTERED AGENT MUST SIGN

9. Name's 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
President	NICOLAAS BOGERT	129 SE. 32 nd st.	CAPE CORAL FL. 33906
V.P.	MICHAEL F. FILZINGER	24080 S. TAMiami TRAIL	BONITA SPRINGS FL. 34134
Treasurer	MICHAEL F. FILZINGER		
Secretary	NICOLAAS BOGERT		

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:

NICOLAAS BOGERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-01

Date

(941) 590-6772

Daytime Phone #

CR2E081 (9/00)