

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 28 AM 8:29

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10/29

DOCUMENT # **S14065**

1. Corporation Name

BONO'S AT PONTE VEDRA, INC.

Principal Place of Business

226-1 SOLANO ROAD
PONTE VEDRA BEACH FL 32082

Mailing Address

226-1 SOLANO ROAD
PONTE VEDRA BEACH FL 32082

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1990

5. FEI Number

59-3038849

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
TD	GARRARD, KATHRYN LAURA	226-1 SOLANO ROAD	PONTE VEDRE BEACH FL
PSD	GARRARD, KATHRYN LAURA	226-1 SOLANO ROAD	PONTE VEDRA BCH FL
TD	ZEBOUNI, S.G.	226-1 SOLANO RD	PONTE VEDRA BC FL
PSD	ZEBOUNI, S.G.	226-1 SOLANO RD	PONTE VEDRA BC FL
			400002333334--3 -10/29/97--01134--010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

ZEBOUNI, S.G.
226-1 SOLANO RD
PONTE VEDRA BCH FL 32082

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-27-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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

SG ZEBOUNI

Date

Daytime Phone #

10-27-97 (904) 285-2666

CR2E040 (8/97)