


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # S55557

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1. Corporation Name

BONJOUR MEDIA, INC.

Principal Place of Business

Mailing Address

6565 NOVA DR  
DAVIE FL 33317  
US

6565 NOVA CIR  
DAVIE FL 33317  
US



REINSTATEMENT

00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/29/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0303348

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V	ALTMAN, ROBERT	6565 NOVA RD	DAVIE FL
P	ALLEN, BRIAN	2666 PALMER PLACE	WESTON FL
ST	MORIN, CECILE	2666 PALMER PLACE	FT. LAUDERDALE FL
P	LAPOINTE, JEAN	184 DESJARDINS #3	MAGOE, QUE' CA J1
800003491708--0 -12/08/00--01046--005 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAMOTHE, FERNAND  
721 SE 17TH STREET #200  
FORT LAUDERDALE FL 33316

Name

Robert Altman

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

6565 Nova Drive

Suite, Apt. #, Etc.

City

Davie

State

Zip Code

FL

33317

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

Robert Altman

Date 11-21-00

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.

Robert Altman

SIGNATURE:

Robert Altman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-21-00

Daytime Phone #

954-236-0003

CR2E040 (800)