

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortonham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 AUG 27 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 574350

1. Corporation Name

BONISLE INC.

W98-18544

Principal Place of Business

Mailing Address

107 north Longwood Ave.  
Altamonte Springs, Fl., 32701

000002630440--2  
-09/01/98--01068--010  
\*\*\*1350.00 \*\*\*1350.00

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

2. New Principal Office Address, If Applicable

Same above

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

POB 521711 Lngwd. 32752

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

August 15th. 1991

5. FEI Number

59-3482606

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
PVST	Arent Menno Meppelder	107 N. Longwood Ave.	Altamonte Springs, 32701

TS 8/28

REINSTATEMENT 94-98

8. Name and Address of Current Registered Agent

Ross, Donald K., Jr.  
4501 Tamiami Trail North  
Suite 400  
Maples, Fl., 33490

9. Name and Address of New Registered Agent

Name  
Arent Menno Meppelder  
Street Address (P.O. Box Number is Not Acceptable)  
107 N. Longwood Ave.  
Suite, Apt. #, Etc.

City  
Altamonte Springs

State  
FL

Zip Code  
32701

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 8-8-98

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:

Arent Menno Meppelder

8-8-98

Date

(407) 808 1111

Daytime Phone

CR25040 (1-98)