

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR -7 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000089200

1. Corporation Name

Bennett Enterprises, Inc.

2. Principal Office Address
2998 Yukon Drive

3. Mailing Office Address
2998 Yukon Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Port Charlotte, FL

City & State
Port Charlotte, FL

Zip 33948 **Country** USA

Zip 33948 **Country** USA

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-03/07/02--01029--016
***1249.75 ***1200.00

4. Date Incorporated or Qualified To Do Business in Florida 11/21/95

5. FEI Number 65-0677778 **Applied For**
Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$375 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
Richard J. Rosenbaum

Street Address (P.O. Box Number is Not Acceptable)
18501 Murdock Cir.

Suite, Apt. #, Etc.
Suite 307

City
Port Charlotte

State FL **Zip Code** 33948

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

Richard Rosenbaum

Date 3/5/02

REGISTERED AGENT MUST SIGN

9. Names 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
D/P	Nelson M. Bennett	2998 Yukon Drive	Port Charlotte, FL 33948
D/VP S/T	Susan D. Bennett	2998 Yukon Drive	Port Charlotte, FL 33948

REINSTATEMENT 99-02

T. Lewis 3/7/02

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:

Susan Bennett SUSAN BENNETT

2/26/02

941-624-5916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)