

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 NOV 17 PM 1:50

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **548532**

1. Corporation Name

E+M, Inc

dba Bennett's True Value

REINSTATEMENT

2. Principal Office Address - No P.O. Box #

5 S. Main Street

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

High Springs, Fl.

City & State

J

Zip

32643

County

Alachua

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05-01-1988

*under
current
ownership*

5. FEI Number

59-1786250

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marilyn W. Bennett, Secretary E+M, Inc

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

25607 NW 110th Avenue

Suite, Apt. #, Etc.

City

High Springs

State

FL

Zip Code

32643

000214418290

11/17/11--01003--005 **750.00

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

Marilyn W. Bennett

REGISTERED AGENT MUST SIGN

Date

11/15/2011

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
Pres.	Gary J. Bennett, Jr.	25607 NW 110th Avenue	High Springs, Fla 32643
Sec/Tre.	Marilyn W. Bennett	25607 NW 110th Avenue	High Springs, Fla 32643

10. E-mail Address: **bennett@truevalue.net**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Marilyn W. Bennett, Secretary/Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/2011

Date

Daytime Phone #

Marilyn W. Bennett