

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 12 PH 12:53

DOCUMENT # 530292

1. Corporation Name

BENNETT'S PORSCHE SERVICE, INC

2. Principal Office Address

7501 SW 82 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33143

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

94-04

4. Date Incorporated or Qualified To Do Business in Florida

03/29/77

5. FEI Number

59-2527753

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

ERNEST BENNETT

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

7501 SW 82 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33143

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

Ernest J. Bennett

REGISTERED AGENT MUST SIGN

Date 11-7-04

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
PO	BENNETT, ERNEST J	7501 SW 82 AVE	MIAMI, FL 33143
VS	CHEISMAN, RICHARD	5163 SW 71 PLACE	MIAMI, FL 33155

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:

Ernest J. Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-7-04

Daytime Phone #

786-263-0972

ERNEST J. BENNETT

CR2E081 (01/04)