

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 534263

1. Entity Name
H. & W. BENNETT, INC.



FILED

08 NOV -3 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
801 S EUSTIS ST
EUSTIS, FL 32726 US

Mailing Address
801 S. EUSTIS ST.
EUSTIS, FL 32726 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

10/17/2008 REINF CR22008 (1/07)

4. FEI Number
59-1743083

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNETT, WAYNE
801 S EUSTIS ST
EUSTIS, FL 32726

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
BENNETT, HELEN
801 S EUSTIS ST
EUSTIS, FL 32726 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900137566989
11/03/08--01041--015 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
BENNETT, WAYNE B
801 SO EUSTIS ST
EUSTIS, FL 32726 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres, Sec, Treas.
Wayne B' Bennett
801 South Eustis St.
Eustis, FL 32726 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition
2011/3

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/08

Date

Daytime Phone #