

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

REINSTATEMENT

DOCUMENT # 548532
1. Corporation Name E+M, Inc
dba Bennett's True Value

2. Principal Office Address - No P.O. Box #
5 S. Main Street
Suite, Apt. #, etc.
City & State
High Springs, Fl.
Zip
32643
Country
Alachua

3. Mailing Office Address
same
Suite, Apt. #, etc.
City & State
J
Zip
32643
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 Date 11/15/2011
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
Pres.	Gary J. Bennett, Sr.	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 Date 11/15/2011 Daytime Phone # 386-454-1717

Marilyn W. Bennett