

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **624391**

1. Corporation Name

Bennett Electric Service Company INC.

2. Principal Office Address

6900 NE 4th CT.

Suite, Apt. #, etc.

N/A

City & State

Miami Florida

Zip

33138

Country

DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

City & State

N/A

Zip

N/A

Country

N/A

REINSTATEMENT

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**4. Date Incorporated or Qualified
To Do Business in Florida**

AmL 1979

5. FEI Number

59-1892428

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

John P. Higgins

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

6900 NE 4th CT

Suite, / #, Etc.

City

Miami

State

FL

Zip Code

33138

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

John P. Higgins

REGISTERED AGENT MUST SIGN

Date

8-8-00

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
P	John P. Higgins	900 Bay Drive	Miami, FL 33131

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., the 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:

John P. Higgins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/7/00

Daytime Phone #

305-754-1665