

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT -8 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

i. Corporation Name

H30217
Bentley Farms, Inc.

Principal Office Address

222 South First Street

3. Mailing Office Address

Post Office Box 5339

Suite, Apt. #, etc.

Unit 25

Suite, Apt. #, etc.

City & State

Immokalee, Florida

City & State

Immokalee, Florida

Zip

34142

Country

USA

Zip

34143

Country

USA

REINSTATEMENT

9/6/01

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/84

5. FEI Number

59-2478768

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

Albert T. Bentley

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

222 South First Street

Suite, Apt. #, Etc.

Unit 25

City

Immokalee

300004641709-4

10/18/01-01043-023

***1500.00 ***1500.00

State

FL

Zip Code

34142

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

REGISTERED AGENT MUST SIGN

Date August 31, 2001

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
	Albert T. Bentley	222 South First Street, U#25	Immokalee, Florida 34142
	P, VP, S, T/D		

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:

Albert T. Bentley

Albert T. Bentley

August 30, 2001 941-825-7524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)