


2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
11 OCT 14 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003743	
1. Entity Name BENNETT RESOURCE GROUP COMMUNITY SERVICE CORPORATION	

Principal Place of Business 1225 CENTRAL ST. TALLAHASSEE, FL 32303	Mailing Address 1225 CENTRAL ST TALLAHASSEE, FL 32303
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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



10142011 REIN-NP CR2E099 (1/07)

4. FEI Number 38-3213643		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BENNETT, ZOE A 1225 CENTRAL ST TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Zoe Allen Bennett DATE 10-14-11

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2012, Fee will be \$297.50	ZBRGI@yahoo.com	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED BENNETT, ZOE A 1225 CENTRAL ST TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NIMS, MAMIE A 1225 CENTRAL ST TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400213319844 10/17/11--01001--007 **156.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALLEN, EIBERT L 1225 CENTRAL ST TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400213319844 10/17/11--01001--007 **156.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, D BENNETT, ALYSIA L 1225 CENTRAL STREET TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENNETT, LEONARD M 2711 LACOTA RD WATERFORD, MI 48328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: Zoe Allen Bennett DATE 10-14-11 DAY/PHONE 2489614280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR