

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 JAN 22 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002337

1. Corporation Name

BENNETT ACRES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

3302 BENNETT ACRES PLACE  
DOVER FL 33527

Mailing Address

3302 BENNETT ACRES PLACE  
DOVER FL 33527



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~3322 Bennett Acres Pl~~  
~~Dover, FL~~  
City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

04/25/1997

5. FEI Number

NOT-APPLICABLE

Applied For

Not Applicable

Zip Country  
33527 Hillsborough

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ABRAMS, MARSHAL	3318 BENNETT ACRES PLACE	DOVER FL 33527
V	ARMIJO, JOSE	3322 BENNETT ACRES PLACE	DOVER FL 33527
ST	CONOVER, MONICA T	3302 BENNETT ACRES PL.	DOVER FL 33527
D	ABRAMS, JOEL	3318 BENNETT ACRES PLACE	DOVER FL 33527
D	ARMIJO, MELISSA	3322 BENNETT ACRES PLACE	DOVER FL 33527
D	CONOVER, ROBERT JR.	3302 BENNETT ACRES PLACE	DOVER FL 33527

8. Name and Address of Current Registered Agent

CONOVER, MONICA T  
3302 BENNETT ACRES PLACE  
DOVER FL 33527

9. Name and Address of New Registered Agent

Name

Melissa Armijo

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

3322 Bennett Acres Pl.

Suite, Apt. #, Etc.

City

Dover

State

FL

Zip Code

33527

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*UNSIGNATURE REQUIRED*  
REGISTERED AGENT MUST SIGN

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\*\*\*297.50 \*\*\*297.50

Date

1-16-02

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., 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:

*Jose Armijo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-16-02

Daytime Phone #

CR2E040 (8/01)