

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 17 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000004506**

1. Corporation Name

Tommy L. Bennett, PA

2. Principal Office Address

3111 N. University Drive

Suite, Apt. #, etc.

111

City & State

Coral Springs, FL

Zip

33065

Country

USA

3. Mailing Office Address

12597 NW 68th Drive

Suite, Apt. #, etc.

City & State

Parkland, FL

Zip

33076

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/00

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

12/03/03 01/018 007 \$450.00

7. Name and Address of Current Registered Agent

Name

Pamela A. Bennett

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

12597 NW 68th Drive

Suite, Apt. #, Etc.

City

Parkland

State

FL

Zip Code

33076

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

Pamela A. Bennett
REGISTERED AGENT MUST SIGN

Date 12/01/03

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.	Tommy L. Bennett, PA	12597 NW 68th Drive	Parkland, FL 33076
Sec.	Pamela A. Bennett	12597 NW 68th Drive	Parkland, FL 33076

REINSTATEMENT OF 03
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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:

Pamela A. Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/01/03
Date

954-346-5991
Daytime Phone #

CR2E081 (10/02)

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Florida Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

December 17, 2003

Re: Tommy L. Bennett, PA 00000004506

We are resubmitting this application to you, correcting the registered agents name. Our check in the amount of \$450.00 was received by your office with the original application.

We were told that the original application for reinstatement had been returned to us. However, it was returned to the previous address and we have not received it. It will probably be returned to you by the post office.

Sincerely,



Pamela A. Bennett