

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB 19 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000087996**

1. Corporation Name **Bennett Marine Contracting Inc.**

2. Principal Office Address

829 SE. 47th Terr

Suite, Apt. #, etc.

City & State

Cape Coral FL

Zip

33904

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

CAPE CORAL

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/18/2000

5. FEI Number

65-1040367

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

THOMAS MICHAEL BENNETT SR

600005064246-5

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

829 SE. 47th Terr

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33904

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

[Signature]

Date **2/15/02**

REGISTERED AGENT MUST SIGN

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	THOMAS MICHAEL BENNETT JR	3015 NW 2nd Bunker Av.	Arcadia, FL 34266
Sec/Treasurer	THOMAS MICHAEL BENNETT SR	1697 Edith Esplanade	CAPE CORAL, FL 33904
Dir.	Jeri PARKER Bennett	3015 N.W. 2nd Bunker Av	Arcadia, FL 34266

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/15/02 (941) 540-1196

Daytime Phone #

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

February 15, 2002

Zal Z

Att: Katherine Harris
Secretary of State

Dear Ms. Harris

We sent in our Uniform Business Report with \$150.00. Our check was cashed but we never heard anything. We went online and checked our status and it shows us as being inactive. We are enclosing a check for \$158.75 for the 2002 year and a certificate of status. We ask that you waive any fees or penalties.

Sincerely



Thomas Michael Bennett Jr.
President
Bennett Marine Contracting Inc.