

192
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 12 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000000891

1. Corporation Name

Bentz Excavating Co., Inc

2. Principal Office Address

#11
2711 S. Parsons Ave

3. Mailing Office Address

PO Box 1826

Suite, Apt. #, etc.

#11

Suite, Apt. #, etc.

City & State

Seffner, FL

City & State

Seffner, FL

Zip

33584

Country

USA

Zip

33584

Country

USA

REINSTATEMENT

02-05

MRS

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

Bernard Bentz

900044633129

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

2711 S. Parsons Ave #11

01/12/05--01046--022 **600.00

Suite, Apt. #, Etc.

#11

City

Seffner

State

FL

Zip Code

33584

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

Kenneth A. Bentz II

Date 1/10/05

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
P	Bernard I Bentz II	2711 S Parsons Ave #11	Seffner, FL 33584
VP	Kelly A. Bentz	2711 S. Parsons Ave #11	Seffner, FL 33584

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

Kelly A. Bentz Kelly A. Bentz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 654-3296

Daytime Phone #

CR2001 (01/05)

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**BENTZ
EXCAVATING CO., INC**

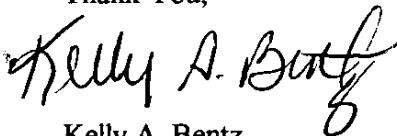
January 10, 2005

Florida Department Of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement Doc.#P01000000891

Enclosed is a check in the amount of \$600.00 for the Corporation Reinstatement. We have never received any notification for our annual renewal.

Thank You,



Kelly A. Bentz
Vice President

P.O. BOX 1826 - SEFFNER, FL - 33584 - (813)654-3296 - (813)643-5623 - FAX