

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000068116

1. Corporation Name

BENNETT CONSTRUCTION, INC.

Principal Place of Business

249 SUNNY TOWN RD
CASSELBERRY FL 32707

Mailing Address

249 SUNNY TOWN RD
CASSELBERRY FL 32707

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	BENNETT, DAYNE	249 SUNNY TOWN RD	CASSELBERRY FL 32707

100008810441
11/05/02--01085--025 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BENNETT, DAYNE
249 SUNNY TOWN RD
CASSELBERRY FL 32707

Name

DAYNE BENNETT

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

249 Sunny Town Rd.

Suite, Apt. #, Etc.

City

Casselberry

State

FL

Zip Code

32707

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. or 617.0505, F.S.

Signature of
Registered Agent

Dayne Bennett
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-29-02

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:

Dayne Bennett
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-02

Date

407-644-0330

Daytime Phone #

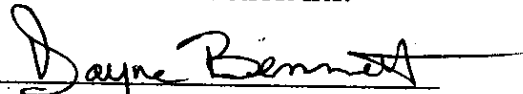
CR2E040 (8/02)

Florida Department Of State,

To whom this may concern, as of Oct. 25 no prior "Uniform Business Report" forms were received at mailing address 249 Sunnytown Rd Casselberry Fl. 32707

Sincerely,

Bennett Construction Inc.


(signature)

Dayne Bennett
Senior Officer