

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000111978

1. Corporation Name

B.E.T. ENTERPRISES, INC.

Principal Place of Business

1919 BLANDING BLVD.
JACKSONVILLE FL 32210

Mailing Address

PO BOX 11994
JACKSONVILLE FL 32239

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/2001

5. FEI Number

56-2328348

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$6.75 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

P

THOMAS, BOBBY E

PO BOX 11994

JACKSONVILLE FL 32239

8. Name and Address of Current Registered Agent

ROMANELLO, DUANE C
1919-8 BLANDING BLVD
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904)
3/10/03 465 4058

CR2E040 (8/02)

Attachment PO100011978/675907

7/23/02

Department of State,

I just received a renewal for B.E.T. ENTERPRISES which indicated that the 1st payment was not received, when the amount would have been \$150.00. This is the 1st notice that I have received since the corporation had been filed for in November of 2001. Since it just had been filed in November I did not realize that there would be a fee due already in May and since I did not receive any information I had no idea there would be a payment due. I spoke to a representative in your office on 7/23/02 and she stated that I should send \$150.00 immediately and that your office would honor this amount this one time.

If there are any questions or problems please contact myself Bobby Thomas or my office manager Paula Rammler at 904 725 3172.

Thank You

Bobby Thomas
Bobby Thomas
7/23/02

3-11-03

Division of Corporation
Reinstatement section

I just received in my PO Box
my 2002 Business report copy
stating I did not have EIN
number. - This was The first
notice I had received stating
this. My check had cleared
months back so I assumed
all was filed with no problems.
I filed in the EIN number
+ am now resubmitting 2002
Report.

Also I am submitting 2003
Report and asking for Reinstatement
I spoke to a representative at
your office and was told to
send 2002 + 2003 report
with \$150 reinstatement fee
and explanation.

2002 Uniform Report must have
been in wrong PO Box before
getting to me.

Thank you for consideration.

904 465 4058 Bobby E Thomas
B.E.Th