

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -4 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000131794

1. Corporation Name

BENTLEY'S ENTERPRISES OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

~~3701 OAKVIEW DR~~
~~ORLANDO FL 32812~~

~~3701 OAKVIEW DR~~
~~ORLANDO FL 32812~~

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

3177 W. Vine St

3177 W. Vine St

Kissimmee FL

Kissimmee FL

34741 USA

34741 USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/2002

5. FEI Number

59-3762937

Applied For

Not Applicable

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
P	BENTLEY, PAULA	3701 OAKVIEW DR	ORLANDO FL 32812
V	BENTLEY, MELISSA	416 CART CT	KISSIMMEE FL 34759
			700025192737 12/03/03--01055--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GANTT, ANGELA
C/O BYRD & GANTT CPAS PA
3355 W VINE ST STE 102
KISSIMMEE FL 34741

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

ANGELA GANTT
REGISTERED AGENT MUST SIGN

Date 11/24/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-30-03
407-620-8849

CR2040 (7/03)

BENTLEY'S HAIR SALON & TANNING

3177 West Vine Street, Kissimmee, FL 34741

(407)847-3336

November 30, 2003

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314-6327

To Whom It May Concern:

Enclosed please find our Application for Reinstatement and the filing fee for \$150.00. Please be advised that the enclosed application for reinstatement is the first communications we have received on this matter - prior UBR notices were not received. Be assured that had I been aware a filing fee and renewal were due it would have been done in a timely manner.

We have corrected the mailing address so that this does not occur in the future. Your consideration in this matte is very much appreciated.

Sincerely,



Paula M. Bentley
President

Cc: Melissa Bentley, Vice-President
Angela Gantt, Registered Agent

Encl: Application for reinstatement
Check #1427 (\$150.00)