

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000057470

1. Entity Name
BENTLEY'S INC.



Principal Place of Business
110 E TARPON AVE
TARPON SPRINGS, FL 34689

Mailing Address
110 E TARPON AVE
TARPON SPRINGS, FL 34689

FILED

05 JAN 10 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

2815 BRIDLEWOOD CT
Suite, Apt. #, etc.

3. Mailing Address

2815 BRIDLEWOOD CT
Suite, Apt. #, etc.

12032004

REIN-P

CR2E098 (6/04)

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

4. FEI Number

161667675

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EGAN, JOHN
2815 BRIDLEWOOD CT
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/31/04

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/04

Date

Daytime Phone #

To: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

From John T. Egan
Bentley's Inc.
2815 Bridlewood Ct
Palm Harbor, FL 34683

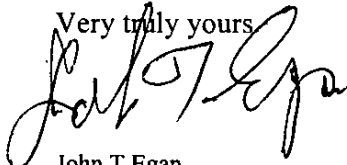
Dec 3, 2004

To Whom It May Concern:

Please be advised that I did not receive my Corporation renewal form. If you have any questions please contact me at 727 773 0102. Thank for your kind attention. In this matter.

I remain:

Very truly yours



John T. Egan
Bentley's Inc