

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 DEC 13 AM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000097393

1. Corporation Name

BENNETT AUTO CENTER INC

2. Principal Office Address - No P.O. Box #

510 ORANGE AVE

Suite, Apt. #, etc.

3. Mailing Office Address

510 ORANGE AVE

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

Zip

32114

Country

USA

City & State

DAYTONA BEACH, FL

Zip

32114

Country

USA

CR2E081 (1/07)

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

SEPT. 1, 2003

5. FEI Number

20-0326053

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

Donald E. Hawkins

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

Hawkins, Hawkins & Burt LLP

Suite, Apt. #, Etc.

501 So. Ridgewood Ave.

City

Daytona Beach

State
FL

Zip Code
32114

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

\$600.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12/10/07**

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
President	ANTHONY C. BENNETT	915 CHICAGO AVE	South DAYTONA, FL 32119

600112729726
11/30/07--01049--016 ***600.00

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 contained in Chapter 119, 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:

Anthony C. Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

1-27-07 396-252-7564

Daytime Phone #

12/17/07