

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000004777

1. Corporation Name

Bill Bennett, Inc.

2. Principal Office Address

~~4440 2nd Ave NE~~
Suite, Apt. #, etc. 14597 NE 202 Lane

City & State Ft McCoy
Naples, FL

Zip 32134
34120 Country USA

3. Mailing Office Address

~~4440 2nd Ave NE~~
Suite, Apt. #, etc. 14597 NE 202 Lane

City & State Ft McCoy
Naples, FL

Zip 32134
34120 Country USA

FILED

07 JUN -6 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300104265313

05/12/07-01033-011 **1243.75

B 6/11/07

REINSTATEMENT 04-07

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/2003

5. FEI Number

65-1218782

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

Jamie B Greusel c/o Barry & Greusel

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

1104 N. Collier Blvd

Suite, Apt. #, Etc.

City

Marco Is

State

FL

Zip Code

34145

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

2/16/06

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
D	WD Bennett, Jr	4440 2nd Ave NE	Naples, FL 34120
P	WD Bennett, Sr	4140 2nd Ave NE	Naples, FL 34120
VP	Carol Bennett	4140 2nd Ave NE	Naples, FL 34120
Sec	Carol Bennett	4140 2nd Ave NE	Naples, FL 34120
		14597 NE 202 Lane	Fort McCoy FL 32134

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/7
Date

352-546-4396
239-289-1687
Daytime Phone #