

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 18 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000097627

1. Corporation Name

Robert E. Bendetti Inc

WD6000051717

500082617655
12/18/06-01052-001 \$300.00

CR2E081 (12/05)

05-06

2. Principal Office Address

10165 Macon Rd

Suite, Apt. #, etc.

3. Mailing Office Address

(Same) 10165 Macon Rd

Suite, Apt. #, etc.

None

City & State

Jacksonville Florida

City & State

Jacksonville Florida

Zip

32219

Country

USA

Zip

32219

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-25-09

5. FEI Number

74-3134343

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert E. Bendetti

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

10165 Macon Rd.

Suite, Apt. #, Etc.

None

City

Jacksonville

State

FL

Zip Code

32219

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

Robert E. Bendetti

Date

12-12-06

REGISTERED AGENT MUST SIGN

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	Robert E. Bendetti	10165 Macon Rd	Jacksonville FL 32219
Officer	Robert E. Bendetti	10165 Macon Rd	Jacksonville FL 32219
Director	Robert E. Bendetti	10165 Macon Rd	Jacksonville FL 32219

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:

Robert E. Bendetti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-12-06
1-13-06

Daytime Phone #

904-924-8184
904-891-7326

Marked 12-13-06

12-12-06

Division of Corporations

J Robert E. Bendetto Inc. Did not receive
annual report notices for 2005.

Enclosed is ✓ # 1251 for \$300.00, to renew
my Corporation. Same ✓ attached.

The amended Corporation reinstatement form
is included, per your letter dated 11-29-06.

Please reinstate. Letter Number 806A00068683

Copy enclosed. The correction requested
was designated. Stating the Registered Agent
was wrong. It is now correct. I have
complied with your requirements.

Please expedite.

Merry Christmas &
Happy Holidays

H

Thank you,

Robert Bendetto

10165 Mason rd

Jax, FL 32219

904-924-8184

904-891-7320

904-891-4920