

# FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000172357

1. Entity Name

BENNETT & SONS TRUCKING CO.



Principal Place of Business

811 W OAKLAND PARK BLVD. #F15  
FT. LAUDERDALE, FL 33311

Mailing Address

811 W OAKLAND PARK BLVD. #F15  
FT. LAUDERDALE, FL 33311

2. Principal Place of Business

3. Mailing Address

B.O. Box 5464

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. LAUDERDALE FL

Zip

Country

Zip

33310

Country

FLORIDA

02062006

REIN-P

CR2E098 (11/05)

05-06

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BENNETT, MICHAEL  
811 W OAKLAND PARK BLVD. #F15  
FT. LAUDERDALE, FL 33311

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

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME BENNETT, MICHAEL  
STREET ADDRESS 811 W OAKLAND PARK BLVD. #F15  
CITY-ST-ZIP FT. LAUDERDALE, FL 33311

TITLE S ☐ Delete  
NAME BAILEY, NEISHA  
STREET ADDRESS 2621 NW 47TH AVE  
CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500066553315  
CITY-ST-ZIP 02/24/06--01011--004 \*\*300.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

06 FEB -6 AM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

