

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2011 SEP 23 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000108652

1. Corporation Name

BENNETT DRYWALL + METAL FRAMING, Inc.

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

21601 OLD STATE RD 4A LOT 4C

Suite, Apt. #, etc.

3. Mailing Office Address

21601 OLD STATE RD 4A LOT 4C

Suite, Apt. #, etc.

City & State

CUDJOE KEY FL

Zip

33042

Country

Monroe

City & State

CUDJOE KEY FL

Zip

33042

Country

Monroe

REINSTATEMENT 10-11

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-3614964

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

Bradley S. Bennett

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

21601 OLD STATE RD 4A LOT 4C

Suite, Apt. #, Etc.

City

Cudjoe Key

State

FL

Zip Code

33042

000212479860

09/23/11--01050--005 \*\*750.00

11/03/10 - 01026-005 150.00

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

Date

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
P	Bradley S. Bennett	21601 OLD ST RD 4A LOT 4C	Cudjoe Key FL 33042
VP	Bradley C. Bennett	21601 OLD ST. RD 4A LOT 4C	Cudjoe Key FL 33042
		9/24	

10. E-mail Address: BRADLEY BENNETT.bb@GMAIL.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Bradley S. Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/11

Date

325 879-3137

Daytime Phone #