

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAY 13 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000050236

1. Corporation Name

FREDRICK J BENOIT II PA

REINSTATEMENT 07-10

000180842770
05/13/10--01029--006 **450.00
12-18-09 01044 001 \$150.00

CR2E081 (4/10)

2. Principal Office Address - No P.O. Box # 4625 St. Croix Ln.		3. Mailing Office Address 4625 St. Croix Ln.	
Suite, Apt. #, etc. # 1136		Suite, Apt. #, etc. # 1136	
City & State Naples, FL		City & State Naples, FL	
Zip 34109	Country US	Zip 34109	Country US

4. Date Incorporated or Qualified To Do Business in Florida 4/9/2006	
5. FEI Number 20-4654943	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Michael J. BODAM CPA		
Street Address (P.O. Box Number is Not Acceptable) 2443 Pine Wood Circle		
Suite, Apt. #, Etc.		
City NAPLES	State FL	Zip Code 34105

PROFIT CORPORATIONS ONLY
☒ The \$600.00 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.

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

REGISTERED AGENT MUST SIGN

Date 5/10/10

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
Director	Fredrick J. Benoit	4625 St. Croix Ln #1136	Naples, FL 34109
		12-18-09 01044 001 150\$ - check	Cashed on 12-18-09
			for 2009 pymt.

10. E-mail Address: fbenoit@benoitproperties.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. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fredrick J. Benoit

Date

5-10-10 (239)
273-6379

Daytime Phone #