

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P10065**

1. Corporation Name

JOHN H. BENNER CO.

Principal Place of Business

Mailing Address

254 DAVIS AVE.
P.O. BOX 128
CLIFTON HEIGHTS PA 19018

254 DAVIS AVE.
P.O. BOX 128
CLIFTON HEIGHTS PA 19018

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/1986

5. FEI Number

23-1717441

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VD	BENNER, CARL A.	1094 PALMERS MILLS RD.	MEDIA PA
PTD	BENNER, CARL A JR	1076 PALMERS MILL RD	MEDIA PA

900023966399

10/21/03--01049--008 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERMAN, PHILIP M.
2424 NORTHEAST 22ND STREET
POMPANO BEACH FL 33062-3099

Name

PAUL SNYDER

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

12123 MEDAN COURT

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32837

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Paul Snyder
Paul Snyder

Date **10-16-03**

REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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:

Carl A. Benner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-14-2003

CR2E040 (7/03)