

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV 12 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40399

1. Corporation Name

BENT & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

2500 N TRAIL
SUITE 222
NAPLES FL 33940
US

296 ROCKHILL COURT
MARCO ISLAND FL 33837
US

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

4. Date Incorporated or Qualified To Do Business in Florida

09/09/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

25-1544518

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P:	BENT, WALTER L	296 ROCKHILL COURT	MARCO ISLAND FL
VP:	BAROCCAS, JEFFREY G Bent, Lee P.	738 SIESTA KEY CIRCLE 296 Rockhill Court	SARASOTA FL Marco Island, FL
VP:	BRADY, JOHN B Schlotten, David L	188 CONWELL ROAD 2018 Prince Dr	CLINTON CT Naples, FL
AS:	VEER HUGH G (VanderVeer)	212 FALCONHURST DRIVE	PITTSBURGH PA
0	MCNEELAN, MIKE J	3032 SANDPAPER BAY CIRCLE GY5	NAPLES FL

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

BENT, WALTER L
2500 N. TRAIL, SUITE 222
NAPLES FL 33940

9. Name and Address of New Registered Agent

Name: *A. Shaw*
Street Address (P.O. Box Number is Not Acceptable): *11/12-96*
Suite, Apt. #, Etc.: *000002006160-2*
City: *11/15/96-01076-024*
FL

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.

Signature of Registered Agent

Walter Bent
REGISTERED AGENT MUST SIGN

Date: 9/23/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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)(b), 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: *Walter Bent*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/96 941-212-2300
Daytime Phone