

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -9 AM 10:56

DOCUMENT # PA0399

1. Corporation Name

BENT & ASSOCIATES, INC.

2. Principal Office Address

2500 N. TAMiami TRAIL

3. Mailing Office Address

2500 TAMiami TRAIL N.

Suite, Apt. #, etc.

#212

Suite, Apt. #, etc.

#212

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34103

Country

US

Zip

34103

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

9/9/1992

5. FEI Number

25-1544516

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 00

7. Name and Address of Current Registered Agent

Name

BENT, WALTER L.

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

2500 N. TAMiami TRAIL

Suite, Apt. #, Etc.

212

City

NAPLES, FL

State  
FL

Zip Code

34103

~~300003426909-3~~  
~~-10/17/00--01009--026~~  
~~\*\*\*\*750.00 \*\*\*\*750.00~~

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

Walter L Bent

REGISTERED AGENT MUST SIGN

Date 10/7/00

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
<u>P</u>	<u>BENT, WALTER L.</u>	<u>825 S. HEATHWOOD DR</u>	<u>MARCO ISLAND, FL 34145</u>
<u>VP</u>	<u>BENT, LEE P.</u>	<u>825 S. HEATHWOOD DR.</u>	<u>MARCO ISLAND, FL 34145</u>
<u>VP</u>	<u>SCHLOTTMAN, DAVID L</u>	<u>2018 PRINCE DRIVE</u>	<u>NAPLES, FL</u>
<u>AS</u>	<u>VANDER VEER, HUGH G.</u>	<u>212 FALCONHURST DRIVE</u>	<u>PITTSBURGH, PA</u>
			<u>11/10/01</u>

10. 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)(i), 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:

David Schlottman, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/00

Date

941/262-2300

Daytime Phone #

CR2E081 (9/99)