

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 DEC 26 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000029337

1 Corporation Name

BENEDICTS, INCORPORATED

Principal Place of Business

Mailing Address

411 MAPLEWOOD DRIVE
OLDSMAR FL 34677

411 MAPLEWOOD DRIVE
OLDSMAR FL 34677

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

04/19/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3256201

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for Certificate of Status

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	AGAR, GRAYDON L	411 MAPLEWOOD DRIVE	OLDSMAR FL 34677
VD	AGAR, AIDA E	411 MAPLEWOOD DRIVE	OLDSMAR FL 34677
STD	AGAR, GRAYDON L	17940 GULF BLVD., UNIT 5D	REDDINGTON SHORES FL 33708

400002040604--3
-12/30/96--01012--014
****375.00 ****375.00

REINSTATEMENT 1996

W. Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRIDLEY, MARCELLA C
1988 BAYSHORE BLVD.
DUNEDIN FL 34699

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0595, F.S.

Signature of
Registered Agent

Marcella C. Gridley
REGISTERED AGENT MUST SIGN

Date

10/2/96

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)(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:

Graydon L. Agar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 9/26/96 Daytime Phone # 813 736 1600