

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT #P940000711708

1. Corporation Name

LOIS E. BENNINGHOFF, INC.

FILED

97 DEC -4 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

19 N.E. 3rd Street  
Chiefland, FL 32626

Mailing Address

19 N.E. 3rd Street  
Chiefland, FL 32626

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

2. New Principal Office Address, If Applicable

810 3rd Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 297 700

Suite, Apt. #, etc.

City & State

Cedar Key, FL 32625

Zip Country  
32625 Levy

City & State

Cedar Key, FL 32625

Zip Country  
32625 Levy

4. Date Incorporated or Qualified

To Do Business in Florida

September 28, 1994

5. FEI Number

59-3270441

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
	Lois E. Benninghoff Director, Pres, Treas.	810 3rd. Street Cedar Key, FL 32625	
	Robert Davenport Director, V.P., Secretary	810 3rd. Street Cedar Key, FL 32625	

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\*\*\*1088.75 \*\*\*1088.75

8. Name and Address of Current Registered Agent

R. L. Beauchamp  
19 N. E. 3rd. Street  
Chiefland, FL 32626

9. Name and Address of New Registered Agent

Name Lois E. Benninghoff

Street Address (P.O. Box Number is Not Acceptable)  
810 3rd. Street

Suite, Apt. #, Etc.

City Cedar Key, FL

State Zip Code  
FL 32625

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

*Lois E. Benninghoff*

Lois E. Benninghoff

Date 12-1-97

REGISTERED AGENT MUST SIGN

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:

*Lois E. Benninghoff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois E. Benninghoff

Date

352 543 9000

Daytime Phone #

CR25000 (12/95)