

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 # *P95000008555*

1. Corporation Name

Bennett Construction Sales, Inc.

Principal Place of Business

Mailing Address

Bay Co., Florida

1918 N. East Ave. #2

Cedar Grove, Fl. 32404

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

2. New Principal Office Address, if Applicable

1918 N. East Ave.

3. New Mailing Address, if Applicable

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cedar Grove Fl

Zip

Country

Zip

Country

32404

US

REINSTATEMENT

*mwb*

*96*

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

Jan. 27, 1995

5. FEI Number

59-3293103

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

SR 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Michael C. Bennett	1018 Radcliffe Ave.	Lynn Haven, Fl. 32444
V.P.	Aprile M. Bennett	1018 Radcliffe Ave.	Lynn Haven, Fl. 32444

400002076204--9  
02/03/97 01085 010  
\*\*\*\*383.75 \*\*\*\*383.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Michael C. Bennett

101 Frances Cr.

Altamonte Springs, Fl 32701

Name

Michael C. Bennett

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

1918 N. East Ave. #2

Suite, Apt. #, Etc.

#2

City

Cedar Grove,

State

FL

Zip Code

32404

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

*Michael C. Bennett*

REGISTERED AGENT MUST SIGN

Date

1/24/97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

*Aprile M. Bennett*

Aprile M. Bennett 1/24/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (12/95)