

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
97 JAN 31 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P9500008555*

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

REINSTATEMENT *96*
MWB

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable
1918 N. East Ave.
Suite, Apt. #, etc.
City & State
Cedar Grove Fl
Zip Country
32404 US

3. New Mailing Address, if Applicable
same
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
Jan. 27, 1995

5. FEI Number
59-3293103

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)

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
<i>7</i> Pres.	Michael C. Bennett	1018 Radcliffe Ave.	Lynn Haven, Fl. 32444
<i>5</i> V.P.	Aprile M. Bennett	1018 Radcliffe Ave.	Lynn Haven, Fl. 32444

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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

CR2E040 (12/95)