

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 -2 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000043315**

1. Corporation Name

**BENNETT'S LAWN SERVICE, INC.**

Principal Place of Business

Mailing Address

4335 BRIARWOOD CIRCLE NW  
AUBURNDAL FL 33823

4335 BRIARWOOD CIRCLE NW  
AUBURNDAL FL 33823



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

06/06/1995

5. FEI Number

59-3324488

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) 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
PTD	BENNETT, PEGGY	%4335 BRIARWOOD CIRCLE NW	AUBURNDAL FL 33823
VSD	BENNETT, TIMOTHY A	%4335 BRIARWOOD CIRCLE NW	AUBURNDAL FL 33823

3000002047903--3  
01/07/97 01081-011  
\*\*\*375.00 \*\*\*375.00

B1-397

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

Peggy T. Bennett

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

4335 BRIARWOOD CIR NW

Suite, Apt. #, Etc.

AUBURNDAL FL

City

State

FL

Zip Code

33823

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

Peggy T. Bennett  
REGISTERED AGENT MUST SIGN

Date 12-31-96

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:

Peggy T. Bennett  
Peggy T. Bennett

12-31-96

Date

Daytime Phone #

CR2E010 (7/96)