PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 SEP 20 AM 10: 27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000039545

1. Corporation Name

Bennett Brothers of Jacksonville, Inc.

2. Principal Office Address

3816 Fenwick Island Drive

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip	Country
32224	USA

3. Mailing Office Address

3816 Fenwick Island Drive

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip	Country
32224	USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida 5/7/96

5. FEI Number — 59-3377075 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Smith Hulsey & Busey

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

225 Water Street

Suite, Apt. #, Etc.

Suite 1800

City

Jacksonville

State	Zip Code
FL	32202

100003413071-5
-10/04/00--01001--021
****900.00 ****900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

SMITH HULSEY & BUSEY

Signature of Registered Agent By: *M. Richard Lewis, Jr., Vice President*   Date 9-19-00

CR2E081 (9/99)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Kevin Bennett	4215 Polo Court	Jacksonville, FL 32277
VTD	Edgar Bennett, III	1313 Charter Court, E.	Jacksonville, FL 32225
			KE

10. 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: *Vice President*   9-12-00   (904)221-8275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #