

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Shirley B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000051881**

1. Corporation Name

BENNETT OCALA N.C.A., INC.

Principal Place of Business

**2611 SEVILLE BLVD., STE. B
CLEARWATER FL 34624**

Mailing Address

**2611 SEVILLE BLVD., STE. B
CLEARWATER FL 34624**

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/1996

5. FEI Number

59-3392010

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
DPST	BENNETT, WILLIAM O	2611 SEVILLE BLVD., STE. C	CLEARWATER FL 34624
			400002406764--3 -01/21/98--01074--003 ****750.00 ****750.00
			400002406764--3 -01/21/98--01074--004 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SHERMAN, JEFFREY M
2611 SEVILLE BLVD., STE. B
CLEARWATER FL 34624**

Name

Smith, Laura

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

2611 Seville Blvd.

Suite, Apt. #, Etc.

City

Clearwater

State
FL

Zip Code

33764

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

Laura Smith

REGISTERED AGENT MUST SIGN

Date **12/18/97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Jeffrey M. Sherman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/97 813-546-6200

Date

Daytime Phone #

FILED

98 JAN 16 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *wo 1/16*

CPCE040 (8/97)