

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96 0000 53736

1. Corporation Name

BENTLEY DEVELOPMENT II, INC.

Principal Place of Business

Mailing Address

W99-7852

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

2. New Principal Office Address, If Applicable

11 BEECH ST.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

11 BEECH ST.

Suite, Apt. #, etc.

City & State

FARMINGTON, CT

Zip

06032

Country

City & State

FARMINGTON, CT

Zip

06032

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

6-24-96

5. FEI Number

59-3390776

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)

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
P.T.S.	ERIC P. KAUFMAN	11 BEECH ST.	FARMINGTON, CT. 06032

600002861506--4
-05/04/99--01029--020
***900.00 ***900.00
600002861506--4
-05/04/99--01029--021
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

JOHN D. BAILEY, JR.

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

780 NORTH PONCE DE LEON BOULEVARD

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32085

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

John D. Bailey, Jr.
REGISTERED AGENT MUST SIGN

Date

3/24/99

11. This corporation owes 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:

Eric P. Kaufman

ERIC P. KAUFMAN, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-99

Date

860-678-9484

Daytime Phone #