

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 23 AM 11: 20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **PA16000069405**

1. Corporation Name

BENTLEY'S OF MANATEE, INC.

500003455915--8

-11/07/00--01113--003

****900.00 ****900.00

2. Principal Office Address

3601-14th ST. W.

3. Mailing Office Address

5004-31st ST. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL.

City & State

BRADENTON, FL.

Zip

34205

Country

U.S.A.

Zip

34203

Country

U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08-19-1996

5. FEI Number

65-0751148

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

GINOU NIRMAIER

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

5004-31st ST. E.

Suite, Apt. #, Etc.

City

BRADENTON,

State

FL

Zip Code

34203

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.

Signature of

Registered Agent

GINOU NIRMAIER

REGISTERED AGENT MUST SIGN

Date **10-19-2000**

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
D	GINOU NIRMAIER	5004-31st ST. E.	BRADENTON, FL. 34203

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:

GINOU NIRMAIER

GINOU. NIRMAIER

10-19-2000

941-739-8123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (3/99)