

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # 09165000069405

1. Corporation Name

BENTLEY'S OF MANATEE, INC.

2. Principal Office Address

3601-14<sup>th</sup> ST. W.

Suite, Apt. #, etc.

3. Mailing Office Address

5004-31<sup>st</sup> ST. E.

Suite, Apt. #, etc.

City & State

BRADENTON, FL.

City & State

BRADENTON, FL.

Zip

34205

Country

U.S.A.

Zip

34203

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Ginou NIRMAIER

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

5004-31<sup>st</sup> ST. E.

Suite, Apt. #, Etc.

City

BRADENTON,

**500003455915--9**  
-11/07/00-01113-003

\*\*\*900.00 \*\*\*900.00

**REINSTATEMENT** 09-00

08-19-1996

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0751148

Applied For

Not Applicable

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

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

Lipou Springair

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
<u>D</u>	<u>Ginou NIRMAIER</u>	<u>5004-31<sup>st</sup> ST. E.</u>	<u>BRADENTON, FL. 34203</u>

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: Lipou Springair Ginou. NIRMAIER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-2000 941-739-8123

Date

Daytime Phone #

**KE**