

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000103843

1. Entity Name
DEAN BENNETT SITE CONTRACTOR, INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR - 5 PM 1:30

Principal Place of Business
15 S. WILDERNESS TR.
B
PONTE VEDRA BEACH, FL 32082

Mailing Address
15 S. WILDERNESS TR.
B
PONTE VEDRA BEACH, FL 32082

2. Principal Place of Business - No P.O. Box #
216 SOUTH WILDERNESS TRAIL
Suite, Apt. #, etc.
TRAIL

3. Mailing Address
216 SOUTH WILDERNESS TRAIL
Suite, Apt. #, etc.
TRAIL

City & State
PONTE VEDRA BEACH, FL

City & State
PONTE VEDRA BEACH, FL

Zip
32082

Country
ST. JOHNS

Zip
32082

Country
ST. JOHNS



REINSTATEMENT 08-09

4. FEI Number
59-3416492

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LINGER, DAVID M
302 THIRD ST., STE 5
NEPTUNE BEACH, FL

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BENNETT, DEAN 15 S WILDERNESS TRAIL, # B PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900144077399 02/20/09--01028--011 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINGER, DAVID 810 THIRD ST., STE. D NEPTUNE BEACH, FL 32266	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated in this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Dean Bennett 3-2-09
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT Date Daytime Phone #