

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 10 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000094153

1. Corporation Name

Bennardi & Associates, Inc.

Principal Place of Business

Mailing Address

729 S. Federal Hwy, Ste. 212  
Stuart, FL 34994

SAME

300003099989--1

-01/15/00--01001--020

\*\*\*1058.75 \*\*\*1058.75

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

2. New Principal Office Address, if Applicable

2849 SW 42nd Avenue

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

2849 SW 42nd Avenue

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/3/1997

5. FEI Number

65-0791145

Applied For

Not Applicable

City & State

Palm City, FL

City & State

Palm City, FL

Zip

34990

Country

USA

Zip

34990

Country

USA

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Joseph M. Bennardi	2849 SW 42nd Avenue	Palm City, FL 34990
VP/D	Carl Rodrigues	2849 SW 42nd Avenue	Palm City, FL 34990
S/D	Ken Judd	2849 SW 42nd Avenue	Palm City, FL 34990
T/D	Sandra M. Bennardi	2849 SW 42nd Avenue	Palm City, FL 34990

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8. Name and Address of Current Registered Agent

Joseph-M. Bennardi  
729 South Federal Highway, Ste. 212  
Stuart, FL 34994

9. Name and Address of New Registered Agent

Name

Joseph M. Bennardi

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

2849 SW 42nd Avenue

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

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

REGISTERED AGENT MUST SIGN

Date

1/7/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.M. BENNARDI

1/7/00

Date

Daytime Phone #

561-286-8666

CR2E081 (12/98)