

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

04 MAR 16 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000096119**

1. Corporation Name
BENTLEY BROS. CIRCUS, INC.
28223 75th AVENUE EAST
MYAKKA CITY, FL 34251

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03-04

000030503330

03/16/04--01018--017 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida

11.10.99

5. FEI Number

650 796 015

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

ROBERT A. MOYER

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

7455 279 STREET EAST

Suite, Apt. #, Etc.

City

MYAKKA CITY

State

FL

Zip Code

34251

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

[Signature]

ROBERT A. MOYER

REGISTERED AGENT MUST SIGN

Date **3.11.04**

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
OPC	MOYER, ROBERT A.	7455 279 STREET EAST	MYAKKA CITY, FL 34251
DN	MOYER, DIANNE M.	7455 279 STREET EAST	MYAKKA CITY, FL 34251

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:

[Signature]

ROBERT A. MOYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.11.04

Date

Daytime Phone #

CR2E081 (9/00)