

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP -5 AM 8:00

DOCUMENT # P99000029759

1. Corporation Name

BENNETT'S INTERIOR SHUTTERS, INC

2. Principal Office Address

3211 16th AVE N.E

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 8761

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34120

Country

US

Zip

34101

Country

US

REINSTATEMENT 01-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

3-1-99

5. FEI Number

65-0997307

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

SOUTHWEST PROFESSIONAL SERVICES OF SO-FL INC

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

13571 MCGREGOR BLVD #22

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33919

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]

REGISTERED AGENT MUST SIGN

Date 8/25/03

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
P	CLEY BENNETT	3211 16th AVE NE	NAPLES FL 34120

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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/03

Date

239-455-5672

Daytime Phone #

CR2E081 (10/02)

August 25, 2003

Bennett's Interior Shutters, Inc.
PO Box 8761
Naples FL 34101

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Re: Reinstatement of Corporation

Please find the enclosed check for \$450 covering the annual renewal fees for 2001, 2002 and 2003. We did not receive the annual business reports for these years because of a move of the corporate location. This oversight was not noticed until a recent review of the corporate records. We did not realize the continued filing deadlines for this report. Be assured that this report will be filed on a timely basis in the future.

Thank you,


Cley Bennett, President
Bennett's Interior Shutters, Inc.