

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC 11 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000034066

1. Corporation Name

NANCY BENNETT, P.A.

2. Principal Office Address

2005 NW 142 Way

Suite, Apt. #, etc.

3. Mailing Office Address

2005 NW 142 Way

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33028

Country

USA

Zip

33028

Country

USA

**REINSTATEMENT**

03

4. Date Incorporated or Qualified  
To Do Business in Florida

4-12-99

5. FEI Number

65-0909289

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Nancy Bennett

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

2005 NW 142 Way

Suite, Apt. #, Etc.

400024981334

11/24/03--01099--006 \*\*151.00

City

Pembroke Pines

State

FL

Zip Code

33028

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

Nancy L Bennett

REGISTERED AGENT MUST SIGN

Date 12-8-03

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
<u>President</u>	<u>Nancy Bennett</u>	<u>2005 NW 142 Way</u>	<u>Pembroke Pines, FL 33028</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: Nancy Bennett (Nancy Bennett)

1/21-03

Date

954-445-4989

Daytime Phone #

CR2E081 (10/02)

November 21, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32399

RE: PA Tax number 65-0909289

To whom it may concern:

Please waive and reinstate my corporation. I did not receive my renewal notice since I have moved this year. My new address is;

Nancy Bennett  
2005 NW 142 Way  
Pembroke Pines, FL 33028

Thank you

A handwritten signature in cursive script that reads "Nancy Bennett".

Nancy Bennett