

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 APR 10 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **S93532**

1. Corporation Name

Bentley and Carnegie, P.A.

2. Principal Office Address

3310 Wallcraft Ave

Suite, Apt. #, etc.

3. Mailing Office Address

3310 Wallcraft Ave

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33611

Country

USA

Zip

33611

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/01/1991

5. FEI Number

593102400

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

Mark Bentley, Esq.

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

3310 Wallcraft Ave

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33611

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

Mark Bentley

REGISTERED AGENT MUST SIGN

Date

4/3/02

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
Pres/Sec.	Mark Bentley	3310 Wallcraft Ave	Tampa FL 33611

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:

Mark Bentley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02

Date

813 831-3484

Daytime Phone #

CR2E081 (9/01)