

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000103988

**FILED**  
**Nov 06, 2007**  
**Secretary of State**

**Entity Name:** BENITO'S ITALIAN CAFE & PIZZERIA, INC.

**Current Principal Place of Business:**

10305 TRIPLE CROWN AVE  
JACKSONVILLE, FL 32257 FL

**New Principal Place of Business:**

**Current Mailing Address:**

10305 TRIPLE CROWN AVE  
JACKSONVILLE, FL 32257 FL

**New Mailing Address:**

FEI Number: 20-3537963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LARBI, ARBEN  
10305 TRIPLE CROWN AVE  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LARBI, ARBEN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LARI, ARBEN  
Address: 10305 TRIPLE CROWN AVE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP ( ) Delete  
Name: GJONDREKAJ, RAJMONDA  
Address: 10305 TRIPLE CROWN AVE  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARI, ARBEN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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11/06/2007

\_\_\_\_\_  
Date