

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2012 JUL 20 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P05000114151**

1. Corporation Name

**BEN'S HOME REPAIRS INC**

**REINSTATEMENT**

2. Principal Office Address - No P.O. Box #

**1604 FAHNSTOCK ST**

3. Mailing Office Address

**1604 FAHNSTOCK ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**EUSTIS FLORIDA**

City & State

**EUSTIS, FLORIDA**

Zip

**32726**

Country

**USA**

Zip

**32726**

Country

**USA**

CR2E081 (11/10)

11-12

4. Date Incorporated or Qualified  
To Do Business in Florida

**8/16/2005**

5. FEI Number

**20-3303192**

☐ 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

**BEN MESSER**

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

**1604 FAHNSTOCK ST**

Suite, Apt. #, Etc.

City

**EUSTIS**

State

**FL**

Zip Code

**32726**

900237589169  
07/18/12--01026--007 \*\*900.00

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

*Ben Messer*

REGISTERED AGENT MUST SIGN

Date **JULY 17, 2012**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles    | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|-----------|--------------------------------------|---|-------------------------|
| <b>DP</b> | <b>BEN MESSER</b>                    | <b>1604 FAHNSTOCK ST</b>                          | <b>EUSTIS, FL 32726</b> |
|           |                                      |   |                         |
|           |                                      |   |                         |
|           |                                      |   |                         |
|           |                                      |   |                         |
|           |                                      |   |                         |

10. E-mail Address: **NONE**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Ben Messer* **BEN MESSER P/D**

**7/17/2012 352-308-4411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #