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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 26 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000003264

Name and Mailing Address

0003998 01 AT 0.292 \*\*AUTO T6 0 0615 32837-490205



BENTAHER ENTERPRISES, LLC  
4905 HOOK HOLLOW CIRCLE  
ORLANDO FL 32837-4902



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/08/2002	
Principal Place of Business 4905 HOOK HOLLOW CIRCLE ORLANDO FL 32837	3. New Principal Place of Business Address City, State, Zip	6. FEJ Number 04-3605500	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent TAHERI, MAJDI 4905 HOOK HOLLOW CIRCLE ORLANDO FL 32837		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> Date 12-25-03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	MAJDI TAHERI	4905 Hook Hollow Circle	ORLANDO, FL 32837
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> Date 12-25-03 Daytime Phone # 407850-6018 Typed or printed name of signing Managing Member/Manager 407468 6823			

CR2E034 (7/03)