

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000007042

FILED  
Oct 09, 2012  
Secretary of State

Entity Name: BEN'S PLACE SERVICES INC.

**Current Principal Place of Business:**

4717 SAN JUAN AVE  
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

**Current Mailing Address:**

4717 SAN JUAN AVE  
JACKSONVILLE, FL 32210 US

**New Mailing Address:**

FEI Number: 32-0122751

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CANDY, ANNE M  
5566 ALPHA AVE  
JACKSONVILLE, FL 32205 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: ANNE CANDY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: V  
Name: COLOSI, JOE  
Address: 1326 STARRATT RD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: P  
Name: CANDY, ANNE  
Address: 5566 ALPHA AVE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: D  
Name: SHAY, BEN  
Address: 371622 HENRY SMITH RD  
City-St-Zip: HILLIARD, FL 32046 US

Title: ST  
Name: KIRKLAND, TERRI  
Address: 2718 SACK DR E  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ST  
Name: CANDY, DAWN  
Address: 5229 GLENWOOD  
City-St-Zip: JACKSONVILLE, FL 32205

Title: D  
Name: KIRKLAND, MIKE  
Address: 2718 SACK DR E  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANNE CANDY

PRES

10/09/2012

Electronic Signature of Signing Officer or Director

Date