

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 13 PM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/08/04 01043 006

\$ 150.00



10072004 REIN-P CR2E098 (6/04)

DOCUMENT # P02000073347

1. Entity Name  
BENJAMIN JENKINS INC



Principal Place of Business  
4505 AMERICA ST  
ORLANDO, FL 32811

Mailing Address  
4505 AMERICA ST  
ORLANDO, FL 32811

2. Principal Place of Business  
4505 America St  
Suite, Apt. #, etc.

3. Mailing Address  
4505 America St  
Suite, Apt. #, etc.

City & State  
Orlando, Florida

City & State  
Orlando Florida 32811

Zip  
32811

Country  
Orange

Zip  
32811

Country  
Orange

4. FEI Number  
03-0467191

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JENKINS, BENJAMIN  
4505 AMERICA STREET  
ORLANDO, FL 32811

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Benjamin Jenkins

DATE: 11-19-2004

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00  
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENKINS, BENJAMIN 4505 AMERICA STREET ORLANDO, FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Benjamin Jenkins

DATE: 11-19 2004

DAYTIME PHONE: 407 298-8331

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To Whom It May Concern:

I Benjamin Jenkins received letter that my Corporation was administratively dissolved I had never received a noticed that My corporation annual report was due. Therefore I did send in A check for 150.00 to have it reinstated after speaking to one of your representatives. Here is the Form for my report.

Thank you,

*Benjamin Jenkins*

Mr. Benjamin Jenkins  
407--298-8331

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