

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000026794

1. Entity Name  
BEN'S AUTO REPAIR ENTERPRISES, INC.



FILED

05 MAY 31 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4919 PALM HILL DR  
WEST PALM BEACH, FL 33415

Mailing Address  
4919 PALM HILL DR  
WEST PALM BEACH, FL 33415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302005

REIN-P

CR2E098 (6/04)

4. FEI Number

01-0711008

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAOUD, ABDEL AZIZ-BEN  
4919 PALM HILL DR  
WEST PALM BEACH, FL 33415

7. Name and Address of New Registered Agent

Name

Bendaoud, Abdelaziz

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

4919 Palm Hill Drive

West Palm Beach

City

FL

Zip Code

33415

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: Bendaoud, Abdelaziz

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME DAOUD, ABDEL AZIZ-BEN  
STREET ADDRESS 4919 PALM HILL DR  
CITY-ST-ZIP WEST PALM BEACH, FL 33415

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME BENDAUD, ABDELAZIZ  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 registered agent 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 to this report.

SIGNATURE: Bendaoud, Abdelaziz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #