

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC -5 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10123000 REINSTATEMENT CR2ED98 1/1/06

DOCUMENT # P04000114385 1. Entity Name BENTLY'S PLACE, INC.					
Principal Place of Business 5017 GATEWAY AVENUE ORLANDO, FL 32821			Mailing Address 5017 GATEWAY AVENUE ORLANDO, FL 32821		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-1451802			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FATA, JENNIFER T 5017 GATEWAY AVENUE ORLANDO, FL 32821			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FATA, JENNIFER T		NAME		
STREET ADDRESS	5017 GATEWAY AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32821		CITY-ST-ZIP		
TITLE	VPS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FATA, ALFONSO		NAME		
STREET ADDRESS	5017 GATEWAY AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32821		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Jennifer Fata</i>			10/20/06 4073451185		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

B. Mitchell DEC - 5 2006