


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000114156		
1. Entity Name BEN & ASSOCIATES, INC.		

FILED  
06 OCT 18 AM 11:16  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



10132006 REIN-P CR2E098 (11/05) 06

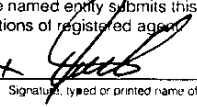
Principal Place of Business 5403 WEST IRLO BRONSON MEMORIAL HWY SUITE # B 90-92 KISSIMMEE, FL 34746		Mailing Address 5403 WEST IRLO BRONSON MEMORIAL HWY SUITE # B 90-92 KISSIMMEE, FL 34746	
2. Principal Place of Business		3. Mailing Address P.O. Box 69 0203	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ORLANDO FLORIDA	
Zip	Country	Zip	Country
32869	USA	32869	USA

4. FEI Number  
203347624

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

6. Name and Address of Current Registered Agent SAGHROUNI, EL KAMEL B 5403 WEST IRLO BRONSON MEMORIAL HWY SUITE # B 90-92 KISSIMMEE, FL 34746		7. Name and Address of New Registered Agent Name SAGHROUNI EL KAMEL Street Address (P.O. Box Number is Not Acceptable) 1164 SEDENA STREET City CLEARWATER FL Zip Code 33755	
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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:   
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10/12/06  
DATE

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 NAME STREET ADDRESS CITY - ST - ZIP	P SAGHROUNI, EL KAMEL B 5403 WEST IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PUT SAGHROUNI EL KAMEL 1164 SEDENA ST CLEARWATER FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700080958727 10/18/06-01039-010 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/12/06 Daytime Phone #