

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000090570

1. Entity Name
BENNETT'S AUTO CARE III, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 24 PM 12: 56

Principal Place of Business
310 N. COLLINS ST
PLANT CITY, FL 33563

Mailing Address
310 N. COLLINS ST
PLANT CITY, FL 33563

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042009

REIN-P

CR2E098 (1/07)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAID, AMJAD
11352 PALM ISLAND AVE
RIVERVIEW, FL 33569

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME SAID, AMJAD
STREET ADDRESS 11352 PALM ISLAND AVE
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE ☐ Change ☐ Addition
NAME 100147025251
STREET ADDRESS 03/24/09--01007--016 **300.00
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME SAID, IMAD A
STREET ADDRESS 11352 PALM ISLAND AVE
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/18/09

Daytime Phone #