FOR PROFIT CORPORATION REINSTATEMENT
~~UNIFORM BUSINESS REPORT~~ (UBR)

DOCUMENT # P96000034478

1. Entity Name

BENITOS'S ALL SERVICE CORP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN -5 PM 3:06

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 04-05

2. Principal Place of Business	3. Mailing Address
905 SW 127 CT.	905 SW 127 CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33184 Country: DADE	Zip: 33184 Country: DADE

4. FEI Number: 65-0659866 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BENITO LOPEZ

Street Address (P.O. Box Number is Not Acceptable): 905 SW 127 CT.

City: MIAMI FL Zip Code: 33184

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.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE DIRECTOR NAME BENITO LOPEZ STREET ADDRESS 905 SW 127 CT CITY-ST-ZIP MIAMI,FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP 12/15/04--01070--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 700043443737 NAME 12/15/04--01070--001 **150.00 STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE **IN THIS SPACE** NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 700043443737 NAME 01/11/05--01037--018 **758.75 STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: B Soyka President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (1/01)