

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000054496

1. Corporation Name

BENNY'S OF BRISTOL, INC.

Principal Place of Business

~~HWY 12 & HWY 20~~
~~BRISTOL FL 32321-1029~~

Mailing Address

P O BOX 1029
BRISTOL FL 32321-1029
9

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~HWY 12 & 20~~ 10695 North-west

Suite, Apt. #, etc.

South R 20

City & State

BRISTOL

Zip

32321

Country

LIBERTY

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/1998

5. FEI Number

59-3518426

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HAMZA, RAJA B	P O BOX 1029 N/A	BRISTOL FL 32321
D	HAMZA, TAREK B	P O BOX 1029 N/A	BRISTOL FL 32321

8. Name and Address of Current Registered Agent

HAMZA, RAJA B

HWY 12 & HWY 20 10695 North-west South R 20
BRISTOL FL 32321-1029

9. Name and Address of New Registered Agent

Name

TAREK BEN HAMZA

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

~~HWY 12 & 20~~ 10695 Northwest South R 20

Suite, Apt. #, Etc.

City

BRISTOL

State

FL

Zip Code

32321

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/21/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

FLORIDA DEPT. OF STATE,
DIVISION OF CORPORATIONS
Glenda E. Hood
Secretary of State

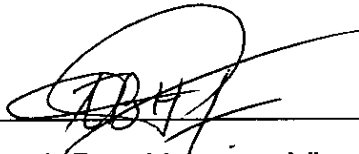
BENNY'S OF BRISTOL, INC
10695 NORTH WEST SOUTH
R 20 BRISTOL FL 32321 -1029

Monday, October 20, 2003

Dear Sir or Madam:

AT your request, I am enclosing my physical address which is 10695 north-west south R 20 BRISTOL FLORIDA 32321 – 1029. In fact, it was impossible for me to give to you before. The physical address was attributed to the business location only one month ago. Also, the last few months two different managers were running the business and none of them paid attention to this matter or reported it to me. I really thought the renewal was final when the fees were paid. I do apologize for the inconvenience and hope this information will be helpful. Please let me know if you need further assistance.

I never Received any correspondence for above Corporation.



Tarek Ben Hamza, Vice President