FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 02 MAY 2 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000030001

1. Corporation Name
BENE INC.
ATTN. FREDY FLUECKIGER

REINSTATEMENT 01-02

2. Principal Office Address	**3.** Mailing Office Address
BAHNHOFSTRASSE	BAHNHOFSTRASSE
Suite, Apt. #, etc. 17	Suite, Apt. #, etc. 17
City & State SEMPACH - STATION	City & State SEMPACH - STATION
Zip CH-6203 Country SWITZERLAND	Zip CH-6203 Country SWITZERLAND

4. Date Incorporated or Qualified To Do Business in Florida JANUARY 11, 2000

5. FEI Number 52-2300272 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MICHAEL P. HAYMANS C/O FARR, FARR, EMERICH, SIFRIT, HACKET AND CARR P.A.
Street Address (P.O. Box Number is Not Acceptable): 99 NESBIT STREET 100005728591---T
06/10/02--01051--024
Suite, Apt. #, Etc.
****900.00--****00.00
City: PUNTA GORDA State: FL Zip Code: 33950

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 4/15/02

CR2E081 (9/01)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	FREDY FLUECKIGER	BAHNHOFSTRASSE 17	SEMPACH-STATION, CH-6203 SWITZERLAND
VICE-PRESIDENT	"	"	"
SECRETARY	"	"	"
TREASURER	"	"	"

10. 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: FREDY FLUECKIGER [signature] 9. April 2002 0114179300 50 70
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gs 6/6/02