

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P00000038587**

1. Corporation Name

MA BENGAL, INC.

Principal Place of Business

7539 46TH AVE. NORTH
 ST. PETERSBURG FL 33709

Mailing Address

7539 46TH AVE. NORTH
 ST. PETERSBURG FL 33709

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/11/2000

5. FEI Number

593645861

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 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	MAH, MOHAMMED	7704 MISSION CIR., APT. 135 6301 58 ST N APT 1005	SEMINOLE FL 33772 PINELLAS PARK FL 33781
D	BAKUL, HOSSAIN M.D.	6737 16TH TERR. NORTH, APT. 168	ST. PETERSBURG FL 33710
D	RAHMAN, MUHAMMAD M	3620 BEDFORD AVE. APT. B-7	BROOKLYN NY 11210
			600004960926--0 -02/20/02--01052--005 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

DAFONTE, RICHARD J
 1000 BELCHER ROAD SOUTH
 SUITE 2
 LARGO FL 33771

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State _____ Zip Code _____
FL

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.

Signature of Registered Agent

Signature of Registered Agent
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

1/10/02

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 of Signing Officer or Director
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/02 545 3382

CR2E040 (8/01)