

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -7 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000005732

1. Corporation Name

**ABENEC, INC.**

**REINSTATEMENT** 03-04

2. Principal Office Address

**2801 N.W. 42ND AVENUE**

Suite, Apt. #, etc.

City & State

**MIAMI, FL.**

Zip

**33142**

Country

**USA**

3. Mailing Office Address

**2801 N.W. 42ND AVENUE**

Suite, Apt. #, etc.

City & State

**MIAMI, FL.**

Zip

**33142**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**DEC. 12, 2001**

5. FEI Number

**34-1979242**

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

**ALVARO BENEDETTI**

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

**1469 KITE CT.**

Suite, Apt. #, Etc.

City

**WESTON, FL.**

State

**FL**

Zip Code

**33327**

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

*ALVARO C. BENEDETTI*

Date **4/30/04**

REGISTERED AGENT MUST SIGN

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

Titles	Names Officers and Directors	Street Address of Each Officer and/or Director	City / State / Zip
<b>PRES.</b>	<b>ALVARO BENEDETTI</b>	<b>1469 KITE CT.</b>	<b>WESTON, FL. 33327</b>
<b>SEC.</b>	<b>PATRICIA DAVILA</b>	<b>1469 KITE CT.</b>	<b>WESTON, FL. 33327</b>

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 corporation 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:

*ALVARO C. BENEDETTI*

**ALVARO BENEDETTI 4/30/04 305-871-4816**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ABENEC, INC.**  
**2801 N.W. 42<sup>ND</sup> AVENUE**  
**MIAMI, FL. 33126**

**April 29<sup>th</sup>, 2004**

**State of Florida**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, Fl. 32314**

**Re: Abenec Inc.**  
**Charter no:P01000005732**

**Gentlemen:**

**We have been informed by our accountant, that our company Abenec, Inc. appears as inactive. (copy attached )**

**We were also told that we should have received 3 communications from the department:**


- (1) The annual report**
- (2) The delinquent report**
- (3) The administrative dissolution**

**We never received any of these forms. Checking thru the online information we find that our principal and mailing address appears as 2801 N.W. 92<sup>nd</sup> Avenue, Miami, FL., and our correct principal and mailing address is 2801 N.W. 42<sup>nd</sup> Avenue, Miami, Fl. 33142**

**We respectfully request for the abatement of all penalties. We are enclosing our check in the amount of \$ 300.00 in payment of the Annual Report for the year 2003 and 2004.**

**Thanking you for your concern and attention and hoping to hear a favorable answer.**

**Sincerely,**

  
**ALVARO BENEDETTI**  
**PRESIDENT**