

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROPRIATE  
 FILED  
 97 DEC 15 AM 11:03  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION  
 FOR  
 REINSTATEMENT

DOCUMENT # **P94000084964**  
 1. Corporation Name  
**BENGAL TRADE, INC.**

Principal Place of Business Mailing Address  
 P.O. BOX 941872 P.O. BOX 941872  
 MAITLAND FL 32794-1872 MAITLAND FL 32794-1872



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 |  | 4. Date Incorporated or Qualified To Do Business in Florida  |  |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.                          |  | 11/17/1994   |  |
| City & State                                   |  | City & State                                 |  | 5. FEI Number  |  |
| Zip  |  | Country                                      |  | 65-0532388   |  |
|  |  |  |  | Applied For  |  |
|  |  |  |  | Not Applicable   |  |
|  |  |  |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip  |
|------------|-------------------------------------|---|-----------------------|
| P          | MOHAMMED, ASIF S                    | 3298 NW 9TH AVENUE  | OAKLAND PARK FL 33309 |
| S          | SULTANA, CHAND                      | 3298 NW 9TH AVENUE  | OAKLAND PARK FL 33309 |
|            |                                     |   |                       |
|            |                                     |   |                       |
|            |                                     |   |                       |

REINSTATEMENT (97)  
 G. Atan  
 12/15/97

|  |  |   |          |
|--|--|---|----------|
| 8. Name and Address of Current Registered Agent        |  | 9. Name and Address of New Registered Agent                                     |          |
| HOSSAIN, TOFAZZAL<br>700 S. HWY 414<br>APOPKA FL 32714 |  | Name: <del>100002375661</del><br>-12/17/97--01107--013<br>****750.00 ****750.00 |          |
|  |  | 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: *Hossain* Date: 12/12/97  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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.  
*Asif Sabahmohd*  
 SIGNATURE: \_\_\_\_\_ Date: 12/12/97 Daytime Phone # \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/97)