

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JUL 26 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

Ben-Tam, Inc.

**REINSTATEMENT** 90-02

2. Principal Office Address

3. Mailing Office Address

c/o Schifino & Fleischer c/o Schifino & Fleischer, B.A.  
201 North Franklin St. 201 North Franklin St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2700

Suite 2700

City & State

City & State

Tampa, Florida

Tampa, Florida

Zip

Country

Zip

Country

33602

USA

33602

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/10/68

5. FEI Number

591221036

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

Schifino, William J.

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

201 North Franklin Street

Suite, Apt. #, Etc.

Suite 2700

City

Tampa

400006844034-2  
-08/01/02--01003--028  
\*\*\*1358.75 \*\*\*1358.75

State

FL

Zip Code

33602

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

7/24/02

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
PD	Romano, Debra	201 North Franklin St. Suite 2700	Tampa, Florida 33602

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:

*[Signature]* Romano  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/24/02 (813) 222-3939

Daytime Phone #

Debra ROMANO

7/24/02

CR2E081 (9/01)