

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 DEC -9 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 402210

1. Corporation Name

BENNY AND THE BOYS, INC.

**REINSTATEMENT 10**

300188556243  
12/09/10--01028--025 \*\*750.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

2625 Coral Way

3. Mailing Office Address

2625 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33145

Country

Miami Dade

Zip

33145

Country

Miami Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

June 01, 1972

5. FEI Number

59-1410274

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

ARBWZ, Steven M.

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

2625 Coral Way

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33145

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

Steven M. Arbwz

Date 12-06-10

REGISTERED AGENT MUST SIGN

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
Δ	ARBWZ Steven M.	2625 Coral Way	Miami FL 33145
PS	ARBWZ Steven M.	2625 Coral Way	Miami FL 33145
VTD	ARBWZ Sharon L.	2625 Coral Way	Miami FL 33145

10. E-mail Address: Steve-citywidecoin@att.net

(To be used for future annual report notification)

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. I further certify, 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:

Steven M. Arbwz 12-06-10 305-323-0989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #