

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT #

1. Corporation Name

Bennacosta, Inc.

J82254

FILED
98 MAR -1 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

94-99

Principal Place of Business

1950 Summit Park Drive

Suite 300

Orlando, FL 32810

Mailing Address

ZOM Properties, Inc.

1950 Summit Park Drive

Suite 300

Orlando, FL 32810

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

07/09/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2846700

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Meiss, Florian von	Usteristrasse 14	CH-8021 Zurich, Switzerland
D	Blum, Claude	Usteristrasse 14	CH-8021 Zurich, Switzerland

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

ZOM Properties, Inc.

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

1950 Summit Park Drive, Suite 300

Suite, Apt. #, Etc.

City

Orlando,

State

FL

Zip Code

32810

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

Samuel C. Stephens, III, President of ZOM Properties, Inc.

Date

2-11-99

11. This corporation owes 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florian von Meiss

02/19/99
Date

+41-1-2119888

Daytime Phone #

CDP/041 (12-98)