

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

**AND
FILED**

98 JUL -6 PM 12:12 ?

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K43409

1. Corporation Name

VaBene Corporation

Principal Place of Business

Mailing Address

**3020 NW 33rd Ave.
Ft. Lauderdale, FL 33311**

REINSTATEMENT 97-98

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
3020 NW 33rd Ave

4. Date Incorporated or Qualified
To Do Business in Florida

11-2-88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale, FL

Zip

Country

Zip

33311

Country

Broward

5. FEI Number

65 01 21 727

Applied For

Not Applicable

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)

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
D	Glenn M. Gallant	3020 NW 33rd Ave.	Ft. Lauderdale, FL 33311

800002588618--7
-07/14/98--01072--016
******900.00 ****900.00**

18/17

8. Name and Address of Current Registered Agent

Robert Resnick
3020 NW 33rd Ave.
Ft. Lauderdale, FL 33311

9. Name and Address of New Registered Agent

Name
Robert Resnick

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

3020 NW 33rd Ave.

Suite, Apt. #, Etc.

City

Ft. Lauderdale,

State

FL

Zip Code

33311

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **19 March 1998**

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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLENN M. GALLANT

03-19-98

Date

954-453-6575

Daytime Phone #

CR2E040 (1/98)