

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

99 NOV 30 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L42916**

1. Corporation Name

**BENJIES LTD., INC.**

Principal Place of Business

11112-27 SANJOSE BLVD  
#27  
JACKSONVILLE FL 32223

Mailing Address

11112-27 SANJOSE BLVD  
#27  
JACKSONVILLE FL 32223

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/11/1990

5. FEI Number

59-3015255

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	4 City / State / Zip
D	BENJAMIN, LINDA M	11112-27 SANJOSE BLVD	JACKSONVILLE FL 32223

900003070629-6  
-12/15/99--01024--011  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BENJAMIN, LINDA M  
10045 SAN JOSE BLVD  
JACKSONVILLE FL 32217

*see above  
address*

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Linda Benjamin*  
REGISTERED AGENT MUST SIGN

Date

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 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:

*Linda Benjamin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

2

Benjies Ltd., Inc.  
11122-27 San Jose Blvd.  
Jacksonville, Fl 32223

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Fl 32314

Gentlemen: *and Ladies*

Please find enclosed our check for \$150.00 together with a completed application for reinstatement. I hereby request that all penalties be abated in their entirety due to the fact that we never received the corporation annual report and were unable to file on a timely basis through no fault of our own.

Please change your records to reflect the correct address as listed above and use this address for all future correspondence.

Sincerely,

*Linda Benjamin*

Linda Benjamin  
Registered Agent and President