

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

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DOCUMENT # **M94368**

1. Corporation Name

**FORTY-SIX ENTERPRISES, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business

2149 ANDREA LANE  
 FT. MYERS FL 33912

Mailing Address

2149 ANDREA LANE  
 FT. MYERS FL 33912

*Handwritten mark*



**REINSTATEMENT 99-00**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/16/1988

5. FEI Number

65-0082740

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
DP	BENFORADO, LARRY	7656 EAGLET COURT	FT. MYERS FL
DST	BENFORADO, KATHY M.	7656 EAGLET COURT	FT. MYERS FL

600003130286--6  
 -12/09/00--01107--013  
 \*\*\*900.00 \*\*\*900.00

8. Name and Address of Current Registered Agent

BENFORADO, KATHY M  
 7656 EAGLET COURT  
 FT. MYERS FL 33912

9. Name and Address of New Registered Agent

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

*Kathy M Benforado*  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 1/06/09

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:

*Kathy M Benforado*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/06/09

(414) 481-5112  
 Daytime phone #

CR2E040 (8/99)