

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 OCT 24 PM 12:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N02000008432

1. Corporation Name

BENJO FOUNDATION, INC.

REINSTATEMENT

CR2E081 (1/07)

0507

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

105 Pinehurst Lane

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 272013

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip
33431

Country

USA

City & State

Boca Raton, FL

Zip

33427

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/2002

5. FEI Number

71-0917128

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: CHERENFANT Nuella

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

105 Pinehurst Lane

Suite, Apt. #, Etc.

City: Boca Raton

State: FL

Zip Code: 33431

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

Nuella Cherenfant

REGISTERED AGENT MUST SIGN

Date: 10/22/07

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. I moved. My spouse was sick for a year then expired on 8/4/05

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
PR.	Nuella CHERENFANT	105 Pinehurst Lane	Boca Raton, FL 33431
VP.	HUGUES Joseph	105 Pinehurst Lane	Boca Raton, FL 33431
DIR.	ISNY B. Joseph	105 Pinehurst Lane	Boca Raton, FL 33431

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10/24/07--01030--002 **183.75

10. 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 contained in Chapter 119, 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

Nuella Cherenfant

Date: 10/22/07

Daytime Phone #

(561) 924-6463 cell
(561) 394-5340