

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PAGE 01

pg 1 of 2

APPLICATION FOR REINSTATEMENT

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

FILED

01 NOV 28 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000034041

1. Corporation Name

BEN MAOR INVESTMENT, INC.

Principal Place of Business

551 N.W. 77TH STREET
SUITE 102
BOCA RATON FL 33487

Mailing Address

551 N.W. 77TH STREET
SUITE 102
BOCA RATON FL 33487

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

03/30/2000

5. FEI Number

☒ 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	David Shitz	18181 NE 31 st COURT	#2309 Aventura FL 33180
Officer	YOSEF Shitz	661 NE 177 st	K.M.B. AL 33162

8. Name and Address of Current Registered Agent

SHADOWITZ, BETH I
551 N.W. 77TH STREET
SUITE 102
BOCA RATON FL 33487

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

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)(f), 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

Date

Daytime Phone #

10/23/01

pg 2 of 2

Ben Maor Investment, Inc.
18181 NE 31st Court
Unit # 2309
Aventura, Florida 33160

October 22, 2001

Attn: Tyron Scott
Division of Corporations
Annual Report/Reinstatement Section
PO Box # 6327
Tallahassee, FL 32314-6327

Dear Mr. Scott:

As per our conversation and on your suggestion:
Please have all and any late fees waved, I have mailed in my monies due and my check has been received by you at posted on February 2nd, 2001, which is prior to the 1st notice deadline of May 1st, 2001. Enclosed is a copy of the completed form.

If you are in need of additional information, please feel free to contact me.

Thank you in advance to taking care of this matter promptly,


David Shitz