

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000064981

1. Corporation Name

BEN-SERVICES CORP.

Principal Place of Business

6385 S.W. 40TH STREET
MIAMI FL 33155

Mailing Address

6385 S.W. 40TH STREET
MIAMI FL 33155

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.
13461 SW 24 ST

City & State
MIAMI FL

Zip
33175

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
6385 SW 40th St

City & State
MIAMI FL

Zip
33155

Country
Florida

4. Date Incorporated or Qualified
To Do Business in Florida

07/06/2000

5. FEI Number

65-1023703

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
PD	BENDANA, PEDRO	6385 S.W. 40TH STREET	MIAMI FL 33155
			500005493215--2
			-05/09/02--01008--005
			****300.00 ****300.00

8. Name and Address of Current Registered Agent

BENDANA, PEDRO
6385 S.W. 40TH STREET
MIAMI FL 33155

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

Pedro Bendana
REGISTERED AGENT MUST SIGN

Date

4-15-02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pedro Bendana
Pedro Bendana

Date


4-15-02

Daytime Phone #

(305)
774-5954

CR2040 (8/01)



6385 sw 40th Street
Miami, Florida 33155
(305)774 -5954
 # 65-1023703

April 23,2002

To:
Florida Dept of State
Division of licensing
P.O. Box 6327
Tallahassee ,FL 32314.

Re:
Notice Of Administrative Dissolution or revocation # P00000074981.

As per our conversation regarding reinstatement of active status,the 2001 annual report was never received at the above adress,I really appreciate your understanding in this matter as well as reinstatement.Enclosed you will find \$300 administrative fee as well as the proper forms.

Sincerely.

A handwritten signature in cursive script, reading "Pedro Bendana". The signature is fluid and includes a large, stylized loop at the end.

Pedro Bendana