


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00000079816**

1. Corporation Name

BENVEILLI HOLDINGS, INC.

Principal Place of Business

Mailing Address

**600 S. ANDREWS AVENUE
SUITE 403
FORT LAUDERDALE FL 33301**

**600 S. ANDREWS AVENUE
SUITE 403
FORT LAUDERDALE FL 33301**

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

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
D	BENITEZ, EMILIO	600 S. ANDREWS AVENUE SUITE 403	FORT LAUDERDALE FL 33301
P	Rivelli, Scott	3400 N. Surf Rd, #8	Hollywood, FL 33019
Y	Benitez, Emilio	3400 N. Surf Rd, #7	Hollywood, FL 33019

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132**

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

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)(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

Date

Daytime Phone #

Scott Rivelli, President

11/18/01 923033

FILED
CLERK OF DISTRICT COURT
DIVISION OF CORPORATIONS
01 NOV 30 PM 12:59



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