

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 22 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Benevento Financial, Inc.

2. Principal Office Address 304 Royal

PoINCIANA Way

Suite, Apt. #, etc.

Suite 325A

City & State

Palm Beach, Florida

Zip

33480

Country

USA

3. Mailing Office Address 304 Royal

PoINCIANA Way

Suite, Apt. #, etc.

Suite 325A

City & State

Palm Beach, Florida

Zip

33480

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-3-00

5. FEI Number

651053946

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

Frank A. Benevento, III

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

304 Royal PoINCIANA Way

Suite, Apt. #, Etc.

Suite 325A

City

Palm Beach

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-02/05/02--01044--019

****908.75 ***908.75

State
FL

Zip Code

33480

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

X FRANK A. BENEVENTO, III

Date

REGISTERED AGENT MUST SIGN

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
Pres.	Frank A. Benevento	340 Royal PoINCIANA Way Suite 325A	Palm Beach, FL 33480

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 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: Frank A. Benevento

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-659-0072

Daytime Phone #

CR2E081 (9/01)