

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000106854

1. Corporation Name

BENTLEY BAY G.P. CORP.

Principal Place of Business

101 OCEAN DRIVE  
MIAMI BEACH FL 33139

Mailing Address

101 OCEAN DRIVE  
MIAMI BEACH FL 33139

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

510 OCEAN DRIVE  
Suite, Apt. #, etc.

City & State  
MIAMI BEACH, FLA

Zip  
33139

Country  
USA

3. New Mailing Office Address, If Applicable

510 OCEAN DRIVE  
Suite, Apt. #, etc.

City & State  
MIAMI BEACH FLA

Zip  
33139

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/15/2000

5. FEI Number

65-1056896

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
PST	OLIVIERI, RICCARDO	<del>101 OCEAN DRIVE</del> 510 OCEAN DRIVE	MIAMI BEACH FL 33139
VP	SIEGEL, BERNARD	510 OCEAN DRIVE	MIAMI BEACH FL 33139

888004664058-9  
-11/02/01--01035--016  
\*\*\*\*750.00 \*\*\*\*750.00

REINSTATEMENT 01/17/01

8. Name and Address of Current Registered Agent

LEVINE, ALAN W  
1110 BRICKELL AVENUE 7TH FLOOR  
MIAMI FL 33131

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-16-01

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

Riccardo Olivieri, President

Date

Daytime Phone #

305-672-8010

FILED

01 OCT 18 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CH2040 (8/01)