

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 19 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000039097

1. Corporation Name

BENCORP CAPITAL, INC.

Principal Place of Business

2499 NW 25TH ST.
BOCA RATON FL 33431

Mailing Address

2499 NW 25TH ST.
BOCA RATON FL 33431

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

04/17/2001

5. FEI Number

65-1097296

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES	CLAUDE BENOIT	919 ARBOUR	STE THERESE JME-435
V.P.	PIERRE BENOIT	2499 NW 25th ST.	BOCA RATON
TRES	MAHAMADOU SOUARE	26 BP 1129 ABIDJAN 26	IVORY COAST

8. Name and Address of Current Registered Agent

HCRM CORP.
2200 CORPORATE BLVD. NW, STE. 401
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

PIERRE BENOIT

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

2499 N.W. 25th STREET

Suite, Apt. #, Etc.

BOCA

City

RATON

State

FL

Zip Code

33431

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 5-16-03

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-03

Date

Daytime Phone #

(561)
482-3221

CR2E040 (8/02)