


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PO000086912</u>			
1. Corporation Name Provence and Company Inc			
2. Principal Office Address 1585 NE, 49 Street Suite, Apt. #, etc.		3. Mailing Office Address 1585 NE, 49 Street Suite, Apt. #, etc.	
City & State OAKLAND PARK, FL Zip 33334 Country USA		City & State OAKLAND PARK, FL Zip 33334 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida		08/31/2001	
5. FEI Number 651135495		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Larry J BEHAR, P.A. <u>800062656908</u>			
Street Address (P.O. Box Number is Not Acceptable) 888 SE Third Avenue, <u>01/04/06--01045--007 **450 00</u>			
Suite, Apt. #, Etc. Suite 400			
City FORT LAUDEDALE		State FL	Zip Code 33316
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 <u>PO. [Signature]</u>		Date <u>Dec 28 05</u>	
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
Secretary	Pauline D Benkimoune	1585 NE, 49 Street	OAKLAND PARK, FL 33334
President	Emile BENKIMOUNE	1585 NE, 49 Street	OAKLAND PARK, FL 33334
Vice President	Madeleine BENKIMOUNE	1585 NE, 49 Street	OAKLAND PARK, FL 33334
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: <u>[Signature]</u> <u>Pauline D. BENKIMOUNE</u> <u>Dec 28 05</u> <u>954-4892419</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

FILED

06 JAN 10 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT A-06

CR2E081 (8/05)

* 2004 Reports Returned by P.O. AM 1/11